



Environmental Health Division – Aquatic Health Program

333 N Rancho Dr, Ste 450, Las Vegas, NV 89106
Email: aquatic@snhd.org | Phone: (702) 759-0572

CHANGE OF PERMIT HOLDER INSTRUCTIONS – AQUATIC HEALTH PROGRAM

A Change of Permit Holder (CPH) applicant may remain in operation while taking over a functioning aquatic venue under the following circumstances:

- The previous owner's permit is in good standing (no active closures, suspensions, or revocations);
- The application for CPH is made within 30 days of the start date reflected on the lease or execution date of the sale documents;
- The applicant calls and obtains an inspection within 30 days of the date of application. and passes that inspection. **Failure will result in closure with fees.**

A facility that was posted closed by SNHD prior to the CPH taking place must remain closed until inspected and approved.

1. A CPH application must be submitted via email at aquatic@snhd.org. All necessary paperwork must be submitted for the application to be processed.
2. **The following paperwork must be submitted for a CPH to be processed:**
 - **A signed copy of this Instruction Sheet;**
 - **A Change of Permit Holder Application signed by the legal owner of the establishment;**
 - **A signed copy for our files of proof of ownership in the form of a lease agreement, Bill-of-Sale, or other legal document.**
3. A copy of our fee schedule can be found at [Environmental Health fee schedule](#).
4. Payment of fees does **NOT** constitute **approval of permit to operate**. You must call for an inspection within 30 days of application to make an appointment for an initial permitting inspection – failure to do so may result in a spontaneous inspection and possible closure.
5. **Arrangements for final inspection must be made at least 72 hours (three working days) in advance of the final inspection.**
6. Appointments will be scheduled as soon as possible given the assigned staff workload on a “first come, first served basis”. After-hours inspections may be offered at the discretion and availability of the assigned staff member and additional fees will be charged.



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7. **Fees are only valid for one year from the date of the original submission.** CPH applications will be deleted from the system one year and one day from the date of application, unless the responsible party requests in writing, prior to the application anniversary date, that the application be extended for one year.

8. A re-inspection fee, per permit, will be assessed if the establishment is not ready for a final inspection after scheduling a final inspection. Cancellation must be made prior to staff arrival at the facility. **The re-inspection fee must be paid prior to scheduling another final inspection.**

9. **Establishments that are closed by SNHD, pending inspection may not open for bathers** until after the inspections have been completed, establishment is compliant, and a health permit to operate has been issued.

10. The owner or operator must contact all programs within SNHD relevant to this change of permit holder, e.g. Individual Sewage Disposal Systems, Underground Storage Tank program, Childcare, Schools, Food Plan Review, etc. The owner or operator must also contact any additional agencies separately, such as Business License, Fire Department, Public Water, etc.

I, the undersigned, understand that the function and operation of the aquatic venue is solely my responsibility.

Name, Print: _____ Signature: _____

Title: _____ Company: _____

Date: _____ Name of Facility: _____



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CHANGE OF PERMIT HOLDER APPLICATION – AQUATIC HEALTH PROGRAM

An annual health permit fee and a one-time change of ownership fee must be paid at the time of application per health permit. Application must be made via email at aquatic@snhd.org. A signed Bill-of-Sale or Lease Agreement for the new owner will be required. No Purchase Agreements will be accepted. A representative for the new owner may make application for the change of ownership on his or her behalf.

| OWNERSHIP INFORMATION (PERMIT HOLDER) | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------|
| OWNER OF BUSINESS: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> SOLE PROPRIETOR | | | |
| | | | |
| OWNER ADDRESS: | | | |
| STREET | CITY | STATE | ZIP CODE |
| | | | |
| OWNER CONTACT INFORMATION: | | | |
| PHONE NUMBER | | EMAIL ADDRESS | |
| | | | |
| LOCATION INFORMATION | | | |
| FACILITY NAME: | | | |
| | | | |
| FACILITY ADDRESS: | | | |
| STREET | CITY | STATE | ZIP CODE |
| | | | |
| FACILITY CONTACT INFORMATION: | | | |
| PHONE NUMBER | | EMAIL ADDRESS | CONTACT PERSON |
| | | | |
| BILLING INFORMATION | | | |
| BILLING SENT TO: (CHECK ONE) | | | |
| <input type="checkbox"/> OWNER ADDRESS | <input type="checkbox"/> LOCATION ADDRESS | <input type="checkbox"/> OTHER ADDRESS (provide) | |
| FACILITY INFORMATION | | | |
| IS THE FACILITY CURRENTLY OPEN AND OPERATING: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | HOURS OF OPERATION: OPEN CLOSE |
| ARE OWNERSHIP DOCUMENTS MORE THAN 30 DAYS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, LATE FEES APPLY) | | | |
| IS ESTABLISHMENT UNDER REMODEL? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES NEW PLAN REVIEW FOR REMODEL IS REQUIRED) | | | |
| SEPTIC TANK: <input type="checkbox"/> YES <input type="checkbox"/> NO | WATER SUPPLY: (CHECK ONE) <input type="checkbox"/> WELL <input type="checkbox"/> MUNICIPAL SYSTEM <input type="checkbox"/> NOT APPLICABLE | | |
| NUMBER OF RESTROOMS: | | NUMBER OF LIFEGUARDS: | |
| | | | |

Owner's Signature

Date

Owner's Name (print)