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CONSOLIDATED GRADE CARD (CGC) APPLICATION

CHECK THE APPROPRIATE BOX			
INITIAL APPLICATION <input type="checkbox"/>	MODIFICATION <input type="checkbox"/>		
DISCONTINUE USE <input type="checkbox"/>			
BUSINESS INFORMATION			
BUSINESS NAME: (DBA)			
BUSINESS ADDRESS: (STREET, CITY, STATE, ZIP CODE)			
BUSINESS HOURS: FROM _____ TO _____			
BUSINESS CONTACT INFORMATION: (PHONE NUMBER AND E-MAIL ADDRESS)			
FACILITY NAME APPLYING FOR CGC:			
LIST ALL PERMIT NAMES AND NUMBERS ASSOCIATED WITH THE OUTLET APPLYING FOR A CGC			
PERMIT NAME	PERMIT NUMBER	PERMIT NAME	PERMIT NUMBER
	PR		PR
	PR		PR
	PR		PR
	PR		PR
	PR		PR
	PR		PR
	PR		PR
	PR		PR
CONSOLIDATED GRADE CARD			
I, _____ (PRINT) AM APPLYING FOR A CONSOLIDATED GRADE CARD (CGC), AND I AFFIRM AND ATTEST THAT THE FOLLOWING ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. (PLEASE READ AND INITIAL THE FOLLOWING IN THE RIGHT COLUMN)			
I UNDERSTAND THAT THE CGC IS RESERVED TO OPERATORS WITH A HISTORY OF COMPLIANCE WITH SNHD.			
I UNDERSTAND THAT ANY FUTURE CHANGES OR MODIFICATIONS TO THE LIST OF PARTICIPANT OUTLETS MUST BE SUBMITTED TO SNHD FOR APPROVAL BY CHECKING THE APPROPRIATE BOX AT THE TOP OF THIS APPLICATION.			
I UNDERSTAND THAT THE CGC MUST LIST ALL ASSOCIATED PERMIT NAMES AND NUMBERS WITH NO MORE THAN 14 PERMITS LISTED PER CARD.			
I UNDERSTAND THAT I MUST HAVE THE ABILITY TO PRINT THE CGC IN COLOR ON REGULAR WHITE 8 ½ X 11 INCH PAPER FOR THE INSPECTOR TO SIGN AS NEEDED, UPON REQUEST.			
I UNDERSTAND THAT I NEED TO MAKE AN APPOINTMENT WITH MY ASSIGNED INSPECTOR TO DETERMINE LOCATION OF THE CGC.			
I UNDERSTAND THAT IF A FRAME IS USED TO HOLD THE CGC, I NEED TO MAKE THE CGC ACCESSIBLE TO THE INSPECTOR AT ALL TIMES FOR FUTURE INSPECTIONS.			

