



# FARM-TO-FORK OPERATION REGISTRATION APPLICATION

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BUSINESS INFORMATION			
Name of Business (DBA):			
Physical Address:			
City:	State: Nevada	ZIP Code:	
Business Phone:	Business E-Mail:		
Event Coordinator Name:	Event Coordinator Phone:	Event Coordinator Email:	
Event Start Date:	Event Hours of Operation:	How many Farm-to-Fork events have occurred this year?	
FARM-TO-FORK EVENT			
<p>I, _____ (PRINT) AM REGISTERING AS A FARM-TO-FORK EVENT OPERATION WHICH IS EXEMPT FROM THE REQUIRMENT FOR A HEALTH PERMIT PURSUANT TO NRS 446, AND I AFFIRM AND ATTEST THAT THE FOLLOWING ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.</p> <p><b>PLEASE READ AND INITIAL THE FOLLOWING:</b> <span style="float: right;"><b>INITIAL</b></span></p>			
I UNDERSTAND THAT INSPECTIONS WILL NOT BE CONDUCTED AND THAT I WILL BE SOLELY AND FULLY REPSONSIBLE FOR THE SAFETY OF THE FOOD PRODUCT SOLD AT/FROM THIS FARM-TO-FORK EVENT OPERATION.			
I UNDERSTAND THAT I WILL BE FINANCIALLY LIABLE FOR ANY FEES AND/OR COSTS INCURED BY THE HEALTH AUTHORITY IN REGARD TO ANY INVESTIGATION OF FOOD ADULTERATION OR FOODBORNE ILLNESS COMPLAINTS FILED AGAINST MY FARM-TO-FORK EVENT OPERATION AND FOUND TO BE VALID.			
I UNDERSTAND THAT FARM-TO-FORK EVENT OPERATIONS FOUND TO BE IN VIOLATION OF THE FARM-TO-FORK LAW WILL BE ISSUED AN ORDER TO "CEASE AND DESIST" FOOD OPERATIONS.			
I UNDERSTAND I MUST PROVIDE A NOTICE TO EACH GUEST WHICH STATES THAT "NO INSPECTION WAS CONDUCTED BY A STATE OR LOCAL HEALTH DEPARTMENT OF THE FARM OR THE FOOD TO BE CONSUMED" FOR EACH FARM-TO-FORK EVENT.			
I UNDERSTAND THAT FARM-TO-FORK EVENT OPERATIONS ARE LIMITED TO PRODUCE AND LIVESTOCK GROWN ON THE FARM, WITH LIVESTOCK LIMITED TO MEAT FROM POULTRY AND RABBIT.			
<i>I UNDERSTAND THAT I MAY ONLY HOLD TWO (2) FARM-TO-FORK EVENTS PER MONTH UNDER EXEMPT STATUS, AND MORE THAT TWO EVENTS IN ANY MONTH WILL REQUIRE THAT A HEALTH PERMIT BE APPLIED FOR AND OBTAINED FOR THAT CALENDAR YEAR</i>			
I UNDERSTAND THAT FARM-TO-FORK EVENT OPERATIONS FOUND TO BE IN VIOLATION OF THE FARM-TO-FORK LAW WILL BE ISSUED AN ORDER TO "CEASE AND DESIST" FOOD OPERATIONS.			

Owner Name:	Owner Signature:	Date:
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OFFICE USE ONLY			
EHS Name and Phone:	EHS Signature:	Date of Review:	Approved
			Not Approved