



333 N RANCHO DR, STE 450, LAS VEGAS, NV 89106
 (702) 759-1258 | WWW.SNHD.INFO | FoodRev@snhd.org

NON-PERMANENT FOOD FACILITY PERMIT APPLICATION

OWNER INFORMATION									
Mark all that apply (REQUIRED): <input type="checkbox"/> New Permit <input type="checkbox"/> Remodel									
Is the Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC									
Owner Name:					Corporation or LLC Name :				
Mailing Address:							Suite/Apt:		
City:				State:			ZIP Code:		
Owner Phone:		Alternate Phone:		Owner E-Mail:					
BUSINESS INFORMATION									
Name of Business (DBA):									
Physical Address:						Business License Jurisdiction: <input type="checkbox"/> CLV <input type="checkbox"/> CC <input type="checkbox"/> NLV <input type="checkbox"/> HEND			
City:				State:		ZIP Code:			
Health Permit(s) and Invoices should be mailed to: <input type="checkbox"/> Owner's Address <input type="checkbox"/> Business Address <input type="checkbox"/> Other -Specify:									
Business Phone:		Business E-Mail:		Point of Contact for Project:					
Projected Opening Date:		Hours of Operation:		<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Variable Hours		<input type="checkbox"/> 24 Hours			
Nevada Clean Indoor Air Act (NCIAA): <input type="checkbox"/> Exempt <input type="checkbox"/> Not Exempt from compliance with the requirements of NRS 202.2483 inclusive				Do any existing health permits require deletion? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , you must fill out a <i>Notice of Business Closure</i> form.					
PERMIT TYPE (Check all that Apply)									
<input type="checkbox"/> Annual Itinerant Event Vendor			Ability to operate a non-permanent food operation at events and farmer's markets .						
<input type="checkbox"/> Farmer's Market			Ability to operate a non-permanent food operation at farmer's markets only .						
<input type="checkbox"/> Portable Foodservice Unit			Ability to operate a non-permanent food operation at one address or site-specific location only.						
<input type="checkbox"/> Seasonal Permit			Ability to operate a non-permanent food operation at one location for up to 8 months in a 12 month period.						
<input type="checkbox"/> Other : Please Specify									
THE ABOVE PERMIT TYPES REQUIRE AN AGREEMENT WITH A LICENSED AND PERMITTED COMMISSARY, KITCHEN, OR SERVICE DEPOT.				Note: Mobile vendors that travel from place to place selling food must apply for a Mobile Vendor health permit by contacting specializedfood@snhd.org					



INSTRUCTIONS FOR SUBMISSION OF PLANS FOR REVIEW

WWW.SNHD.INFO | FoodRev@snhd.org | (702) 759-1258

Electronic Submissions for Remote Review (Preferred)

Applications may be submitted electronically, without an appointment, to FOODREV@SNHD.ORG. If you are submitting a large file and would like an upload link, please call (702) 759-1258 to request one.

Once staff have verified that the application packet is complete (see attached **Minimum Requirements for Plan Submission**), you will receive a plan review appointment invitation. Plans are reviewed remotely on the day of the appointment. An inspector will contact you via phone or email when they begin reviewing your plans. The plan status, required corrections, and an invoice will be provided to you via email after the review is complete.

In-Person Submissions

If you are unable to submit your application electronically, you may schedule an appointment on a "first come, first served basis" for in-person submission by calling (702) 759-1258.

Payment of Fees

- Plan Review and Annual Health Permit fees must be paid upon receipt of the invoice.
- Plan Review Fees are not refundable.
- Fees may be paid online: www.snhd.info/eh/payment
- The Fee Schedule may be found on our website: www.snhd.info/permits-regulations
- Forms of payment accepted are: Cash, Visa, MasterCard, American Express, Discover, Business Check (no starter checks), and Money Order.

Inspections

Up to two on-site visits, a "rough plumbing" inspection, and a "pre-final" walkthrough, may be required or requested prior to the final permitting inspection. Failure to provide proof of approvals, if required, from other agencies of jurisdiction (such as Fire Prevention or Building & Safety) may delay the final approval of the project.

Inspection cancellations must be made prior to the inspector's arrival at the facility. A re-inspection fee for each permit will be assessed if the establishment is not ready for a scheduled inspection. All fees must be paid prior to scheduling any field appointments.

Establishments must be fully functional, with water, power, gas, and hot water, with equipment fully operational. A Certificate of Occupancy or Temporary Certificate of Occupancy must be obtained prior to the final permitting inspection for new construction or remodel projects as required by the jurisdiction. Establishments may not stock food or open for business until after the final permitting inspection has been completed and passed and approvals from other agencies have been obtained.

Other Information

Undisclosed design or operational characteristics on plans and/or applications do not constitute approval of such mistakes or omissions. It is the responsibility of the permit holder to properly develop the project and contact all applicable agencies and SNHD programs for approvals such as Individual Sewage Disposal System, Public Water Systems, Underground Storage Tanks, HACCP/Labeling, etc.

Social Distance for Safety

Social distancing requirements for field inspections must be adhered to and include no more than 2 facility representatives at the inspection, physical distancing of at least 6 feet between people, use of face coverings, and excluding individuals who display symptoms of illness from the premises.

Appointments for review will not be conducted until staff verify that the application packet is complete and all required documents, as specified in the *Minimum Requirements for Plan Submission* (attached), are turned in.

I, the undersigned, as a representative of the permit holder/applicant, have read, understand, and agree to be held to the conditions and responsibilities as provided in this document.

Owner/Applicant → Signature:		Owner/Applicant → Print Name:	
Owner/Applicant → Title:		→ Date:	

OFFICE USE:

PERMIT NAME/IDENTIFIER	RISK	SQ FT/SEATS	PR NUMBER	SR NUMBER

MINIMUM REQUIREMENTS for PLAN SUBMISSION

All businesses are required to have a City or County business license *and* a business license with the Nevada Secretary of State prior to operating. The ownership information on the health permit must match the ownership on the business license.

FOOD / DRINK

- A completed application and signed *Instructions for Submission of Plans for Review*.
- A contact person who can answer questions about the facility operation and plans.
- Proof of Ownership in the form of a Lease, Deed, or other legal document granting permission for the permit applicant to operate at the specified physical location.
- Plans – Required for New and Remodel Permits only:** Submit plans in electronic format (PDF). Plans must include: Equipment layout and specifications; plumbing supply lines, waste lines, and fixtures; finishes of floors, walls, and ceilings; and lighting. You may also include photos as needed.
- Menu – Required for establishments with open-food handling.
- Food Questionnaire – Required for establishments that cook, cool, or reheat food.
- Commissary Agreement – Required for establishments that are non-permanent or portable.

CHILDCARE, SCHOOLS, AND INSTITUTIONS

- A completed application and signed *Instructions for Submission of Plans for Review*.
- A contact person who can answer questions about the facility operation and plans.
- Proof of Ownership in the form of a Lease, Deed, or other legal document granting permission for the permit applicant to operate at the specified physical location.
- Plans – Required for New and Remodel Permits only:** Submit plans in electronic format (PDF). Plans must include: Equipment layout and specifications; plumbing supply lines, waste lines, and fixtures; finishes of floors, walls, and ceilings; and lighting. You may also include photos as needed.
- Layout of the outdoor play area, including climbable equipment, protective surfacing, and shade structure(s) if applicable.
- Menu – Required for establishments with open-food handling.
- Room dimensions and occupancy information must be provided.
- If there are classrooms for children under 5 years old, toilet heights (floor to rim) and hand sink heights must be provided on the plans.

BODY ART

- A completed application and signed *Instructions for Submission of Plans for Review*.
- A contact person who can answer questions about the facility operation and plans.
- Proof of Ownership in the form of a Lease, Deed, or other legal document granting permission for the permit applicant to operate at the specified physical location.
- Plans – Required for New and Remodel Permits only:** Submit plans in electronic format (PDF). Plans must include: Equipment layout and specifications; plumbing supply lines, waste lines, and fixtures; finishes of floors, walls, and ceilings; and lighting. You may also include photos as needed.
- Procedure After Care Sheet, Procedure Consent Form, and a written Infection Control Plan
- Documentation of the American Red Cross course in Preventing Disease Transmission or documentation of equivalent training within the past two years, and CPR and First Aid (if applicable)
- Documentation of spore testing of all sterilizers (if applicable) within the past 30 days
- Current Body Art Card

HOTEL/MOTEL & DRUGS, COSMETICS, SUPPLEMENT MANUFACTURERS

- A completed application and signed *Instructions for Submission of Plans for Review*.
- A contact person who can answer questions about the facility operation and plans.
- Proof of Ownership in the form of a Lease, Deed, or other legal document granting permission for the permit applicant to operate at the specified physical location.
- Plans – Required for New and Remodel Permits only:** Submit plans in electronic format (PDF). Plans must include: Equipment layout and specifications; plumbing supply lines, waste lines, and fixtures; finishes of floors, walls, and ceilings; and lighting. You may also include photos as needed.
- Menu – Required for establishments with open-food handling.
- Drug/Cosmetic/Supplement Manufacturers are required to register with the FDA.



NON-PERMANENT FOOD FACILITY QUESTIONNAIRE

(702) 759-1258 | WWW.SNHD.INFO | FOODREV@SNHD.ORG

Name of Business (DBA):			
Business Physical Address:			
Person In Charge:		Date:	
RESOURCE MATERIALS			
<p>Resource materials may be accessed at:</p> <p>Food Establishment Resource Library: http://www.southernnevadahealthdistrict.org/permits-and-regulations/food-establishment-resource-library/</p> <p>Food Handler Safety Videos: https://www.southernnevadahealthdistrict.org/permits-and-regulations/food-establishment-resource-library/food-handler-safety-videos/</p> <p>Food Handler Card Program: https://www.southernnevadahealthdistrict.org/programs/food-handler-safety-program/</p>			
PERSON IN CHARGE			
Have you ever operated a Food Establishment before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
The portable unit has (Check all that apply):			
<input type="checkbox"/> A person in charge that can demonstrate knowledge of food safety practices to prevent the occurrence of food-borne illness. <input type="checkbox"/> A person in charge that is present during all hours of operation, to include evenings, weekends, and breaks. <input type="checkbox"/> A person in charge that is a Certified Food Safety Manager. (Attach copy of certification) <input type="checkbox"/> An employee health policy that excludes or restricts food workers who are ill or have infected cuts or wounds <input type="checkbox"/> All employees have Food Safety Training Cards			
OPERATIONAL PLAN			
Will your portable unit stay at one address or move from place to place?		<input type="checkbox"/> We will operate at one address <input type="checkbox"/> We will drive around from place to place selling food <input type="checkbox"/> We will operate at events	
The location of your portable unit will be: (mark all that apply)		<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	
Commissary Name:			
Commissary Address:			
Does this commissary have a valid business license and health permit to operate as a commissary?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Check all services that your commissary will be used for:		<input type="checkbox"/> Food Preparation <input type="checkbox"/> Cooking <input type="checkbox"/> Cooling <input type="checkbox"/> Food Storage <input type="checkbox"/> Dump Wastewater <input type="checkbox"/> Fill Freshwater <input type="checkbox"/> Wash Equipment or Utensils <input type="checkbox"/> Other:	
How often will you take your portable unit to the commissary?		<input type="checkbox"/> Daily <input type="checkbox"/> Every Other Day <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Never <input type="checkbox"/> N/A	
Number of Employees:	Location of Employee Restroom:	Is there access to the restroom during all hours of operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What size is your freshwater tank?	gal	What size is your wastewater tank?	gal Do your freshwater and wastewater tanks have measuring gauges? <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe how you will fill your freshwater tank:					
Describe how you will empty your wastewater tank:					
What will you do if your waste tank is full or your water tank is empty?					
How will you provide electricity?					
Where will you dispose of garbage?					
Where will your food be prepared?		<input type="checkbox"/> On-site at the portable unit <input type="checkbox"/> At the permitted kitchen/commissary <input type="checkbox"/> Both			
Where will you purchase your food?					
FOOD PREPARATION & PIC KNOWLEDGE					
What is the hot water temperature of your handsink?		What is the hot water temperature of your 3-Compartment Sink?			
What type of Sanitizer will you use in your facility? <input type="checkbox"/> Chlorine <input type="checkbox"/> Ammonia Based (QUAT) <input type="checkbox"/> Other:					
Do you have test strips for your sanitizer?		Hot Water Heater Capacity:		Hot Water Heater Recovery Rate:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		gal		GPH	
When should employees wash their hands?		<input type="checkbox"/> When changing tasks <input type="checkbox"/> After coming in from break <input type="checkbox"/> When hands are contaminated <input type="checkbox"/> Between glove changes <input type="checkbox"/> After touching raw egg or raw meat <input type="checkbox"/> All of the above			
How long should an employee scrub their hands with warm soapy water when handwashing?					
How will your employees prevent bare hand contact with ready to eat food? (Check all that apply)				<input type="checkbox"/> Gloves <input type="checkbox"/> Utensils <input type="checkbox"/> Deli Paper <input type="checkbox"/> Other	
Will PHF/TCS foods be cooked and then cooled ? <input type="checkbox"/> YES <input type="checkbox"/> NO ** COOLING IS NOT PERMITTED AT THE PORTABLE UNIT **					
What cooling methods will be used?		<input type="checkbox"/> Ice Bath <input type="checkbox"/> Shallow Pans <input type="checkbox"/> Mechanical Refrigeration <input type="checkbox"/> Ice Paddle <input type="checkbox"/> Other <input type="checkbox"/> N/A			
How quickly does food need to cool from 135°F to 41°F (2 Steps)?					
Will PHF/TCS foods be thawed in your facility? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, answer the question below)					
What thawing methods will be used? <input type="checkbox"/> Cool Running Water <input type="checkbox"/> Refrigeration <input type="checkbox"/> Microwave <input type="checkbox"/> Other <input type="checkbox"/> N/A					
Will food be reheated?		What temperature must food be reheated prior to serving?		°F within _____ hours	
<input type="checkbox"/> YES <input type="checkbox"/> NO					
Check all raw animal foods that will be cooked in your facility:					
<input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Pork <input type="checkbox"/> Seafood <input type="checkbox"/> Eggs <input type="checkbox"/> Wild Game <input type="checkbox"/> Other <input type="checkbox"/> None					
Will raw animal products be served raw or undercooked?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, Is a consumer advisory present? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Will you serve alcohol in your facility?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, is there an Alcohol Warning Sign posted? <input type="checkbox"/> YES <input type="checkbox"/> NO	
What is the required cold holding temperature for TCS food?		What is the required hot holding temperature for TCS food?			