



280 S DECATUR BLVD, LAS VEGAS, NV 89107
 (702) 759-1127 | WWW.SNHD.INFO | SpecializedFood@snhd.org

SPECIALIZED FOOD OFFICE FACILITY PERMIT APPLICATION

OWNER INFORMATION					
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:	
VIN:				License Plate:	
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 <input type="checkbox"/> OTHER: _____		
City:		State: NEVADA		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:			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.		
Business Phone:			Business E-Mail:		
Commissary Name:		Commissary Address:			
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 Open: am/pm Close: am/pm <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			Have you included a copy of your mobile vendor route sheet? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PERMIT TYPE (Check all that Apply)					
<input type="checkbox"/> Mobile Vendor		Ability to operate a non-permanent food operation in multiple locations to not exceed designated time limit.			
<input type="checkbox"/> Portable Food Service Unit		Ability to operate a non-permanent food operation at one address or site-specific location only.			
<input type="checkbox"/> Ice Cream Truck		Ability to operate a pre-packaged frozen food novelty truck.			
<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"/> Other : Please Specify					

GENERAL INFORMATION

1. Applications may be submitted electronically, without an appointment, to SPECIALIZEDFOOD@SNHD.ORG. A secure upload link will be provided to you for submission of large files.
2. If you are unable to submit your application electronically, you may schedule an appointment for an in-person submission by calling **(702) 759-1127**.
3. Appointments for review will not be conducted until staff verify that the application packet is complete and all required documents as specified in the *Instructions for Submission* are turned in.
4. All in-person appointments are held at the Southern Nevada Health District, 280 S. DECATUR BLVD, Las Vegas, NV, 89107.
5. 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 (not starter checks), or Money Orders.

OFFICE USE ONLY

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

ACKNOWLEDGEMENT

Nevada Revised Statute 446.930 requires that properly prepared plans and specifications be submitted to the Health Authority for review and approval when construction or remodeling of food and drink establishments is anticipated, and prior to the start of such work. Applications submitted for establishments after construction has begun or greater than 30 days after taking over ownership will be charged late fees as provided in the [EH Fee Schedule](#).

I acknowledge that I have answered all questions honestly, accurately, and completely and that I have read and understand the General Information listed above. I will comply with SNHD REGULATIONS and allow the HEALTH AUTHORITY unimpeded access to the establishment and to records as required.

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



INSTRUCTIONS FOR SUBMISSION OF PLANS FOR REVIEW – FOOD FACILITY

280 S DECATUR BLVD, LAS VEGAS, NV 89107

(702) 759-1127 | WWW.SNHD.INFO | SpecializedFood@snhd.org

ITEMS REQUIRED FOR PLAN SUBMISSION

- A completed application signed by the permit applicant.
- Signed Instructions for Submission of Plans for Review.
- A person in charge able to answer food safety questions and 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.
- Food Facility Questionnaire
- The following documents:
 - Nevada DMV Registration
 - Nevada State Business License
 - Commissary Letter (if applicable)
 - Menu (if open food is served)
- Plans & Specifications: Please submit plans in electronic format (PDF) when possible, or one set of paper drawings or plans (minimum 8.5"x11") for use during the review meeting. Plans must include a blueprint showing equipment layout and an equipment list with each piece of equipment clearly labeled or otherwise identified on the plan or drawing. Provide photos or additional documentation (specification sheets) to demonstrate that the equipment meets ANSI/NSF Sanitation standards.

Please submit your completed application electronically via email at specializedfood@snhd.org. Once staff have verified that the application packet you have provided is complete, you will receive a plan review appointment invitation.

ADDITIONAL INFORMATION

Invoice

An invoice will be provided to you via email after the application review is complete. Payment of fees is due upon receipt of invoice and may be paid online at www.snhd.info/eh/payment.

In-Person Submissions

If you are unable to submit all required items electronically, an in-person appointment can be scheduled. Once scheduled, failure to arrive on time with all required documents will result in the rescheduling of your appointment with a missed appointment fee. Payment of fees is due upon receipt of invoice and may be paid in-person or online at www.snhd.info/eh/payment. If an interpreter is required, please notify SNHD prior to appointment time.

Inspections

Establishments must be fully functional, with water, power, gas, and hot water, with all 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.

Your plan review fees will cover up to two on-site visits. Failure of the applicant 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. The plan status and required corrections will be provided to you via email after the inspection is complete.

Inspection cancellations must be made prior to the scheduled appointment time. A re-inspection fee for each permit will be assessed if the establishment is not ready for a scheduled inspection and/or the permit is not approved at the final inspection. All fees must be paid prior to scheduling any future appointments.

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.

Failure to demonstrate adequate food safety knowledge at time of inspection may delay final approval of the permit and may result in operator required to attend a food safety assessment meeting.

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



SPECIALIZED FOOD OFFICE FOOD FACILITY QUESTIONNAIRE

280 S DECATUR BLVD, LAS VEGAS, NV 89107

(702) 759-1127 | WWW.SNHD.INFO | SpecializedFood@snhd.org

Name of Business (DBA):			
Business Physical Address:			
Person In Charge:		Date:	

RESOURCE MATERIALS

Please answer the following questions as accurately as possible. Resource materials may be accessed at:

Food Establishment Resource Library:

<http://www.southernnevadahealthdistrict.org/permits-and-regulations/food-establishment-resource-library/>

Food Handler Card Program and Safety Videos:

<https://www.southernnevadahealthdistrict.org/programs/food-handler-safety-program/>

Plan Review & Permitting:

<https://www.southernnevadahealthdistrict.org/permits-and-regulations/plan-review-application-process/>

PERSON IN CHARGE

Have you ever operated a Food Establishment before? YES NO

The facility has (Check all that apply):

- A person in charge that can demonstrate knowledge of food safety practices to prevent the occurrence of food-borne illness.
- A person in charge that is present during all hours of operation, to include evenings, weekends, and breaks.
- A person in charge that is a Certified Food Safety Manager. (Attach copy of certification)
- An employee health policy that excludes or restricts food workers who are ill or have infected cuts or wounds
- All employees have Food Safety Training Cards

Employees per shift:		Location of Employee Restroom:		Is there access to the restroom during all hours of operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
----------------------	--	--------------------------------	--	--	--

FOOD PREPARATION

Have you provided a copy of your menu along with this packet? Yes No

Where will your food be prepared? On-site at the portable unit At the permitted kitchen/commissary

Where will you obtain your food from?

The location of your portable unit is: (mark all that apply) Indoor Outdoor Stationary Mobile

What does the term TIME/TEMPERATURE CONTROLLED FOR SAFETY (TCS) mean? Please provide 3 examples of TCS FOODS.

Blank area for providing 3 examples of TCS foods.

Does your staff have access to probe thermometers?		<input type="checkbox"/> Yes <input type="checkbox"/> No
How do you calibrate your thermometers?		
How would you take a temperature of a large piece of meat?		
Check all raw animal foods that will be cooked in your facility. What temperature will you cook each animal foods to prior to serving?		
<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"/> N/A (No raw animal foods are cooked)		
Will raw animal products be served raw or undercooked?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, is a consumer advisory present on your menu? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you reheat foods as part of your operating procedure?	How long do you have to reheat foods, and what temperature are reheated foods required to reach?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	TEMPERATURE:	TIME:
What do you do if foods are not cooked/reheated to the proper temperature?		
Will PHF/TCS foods be cooked and then cooled in your commissary? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, answer the next 3 questions below)		
What cooling methods will be used?	<input type="checkbox"/> Ice Bath <input type="checkbox"/> Shallow Pans <input type="checkbox"/> Ice Paddle <input type="checkbox"/> Other	<input type="checkbox"/> Mechanical Refrigeration <input type="checkbox"/> N/A
How quickly does food need to cool from 135°F to 41°F (2 Steps)?		
What should you do if you find your foods do not meet the first or second cooling 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		
Do you wash your own produce? If so, where/how?		
Do you use TIME AS A PUBLIC HEALTH CONTROL FOR SAFETY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, answer the next 4 questions below)		
Which foods do you use time as a control for?		
How do you document the time the food is in the danger zone?		
<input type="checkbox"/> Logs <input type="checkbox"/> Labels <input type="checkbox"/> Timer <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A		
What do you do if you find that foods are being held longer than 4 hours?		

After food is on time control, can you put it back into the refrigerator to use later?

YES NO

FOOD STORAGE

Where will food be stored when you are not operating?

Where will your equipment be stored when you are not operating?

Do you date label your foods in cold storage? YES NO

If YES, how many days do you label them for?

How will foods be stored during transport?

Using the spaces provided, how would you store the following foods in your refrigerator (from top shelf to bottom shelf):

***raw chicken, cooked rice,
raw seafood, washed produce***

Top Shelf: _____

Second Shelf: _____

Third Shelf: _____

Bottom Shelf: _____

Will raw animal foods be stored in the same cooler as ready to eat foods?

YES NO

If yes, how will cross-contamination be prevented?

What is the required **cold** holding temperature for TCS food?

What is the required **hot** holding temperature for TCS food?

EMPLOYEE HEALTH POLICY

Do you have an Employee Health Policy? YES NO

What are the 5 reportable symptoms of foodborne illness?

How soon can an employee return to work after being excluded from operations?

When should employees wash their hands?

- When changing tasks After coming in from break/restroom Before putting on new gloves
 Between glove changes After touching raw egg or raw meat After touching their face/skin
 After picking something up off the floor When hands are contaminated 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)

- Gloves Utensils
 Deli Paper Other: _____

SANITIZATION, PLUMBING, AND REFUSE

Where will you clean your equipment?		<input type="checkbox"/> On-site at the portable unit <input type="checkbox"/> At the permitted kitchen/commissary	
What is the hot water temperature of your 3-compartment sink?		What is the hot water temperature of your hand washing sink?	Do you have an automatic water pump? <input type="checkbox"/> YES <input type="checkbox"/> NO
What hot water temperature is required in the 1 st compartment of the 3-compartment sink when ware-washing?			
When washing dishes, what is the correct order to set up each compartment of the 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: _____			
How will you provide sanitizer during open food handling? <input type="checkbox"/> Bucket <input type="checkbox"/> Spray Bottle <input type="checkbox"/> Other: _____			
Do you have test strips for your sanitizer?	<input type="checkbox"/> YES <input type="checkbox"/> NO	What is the required contact time for your sanitizer?	
How many gallons of water does your fresh water reservoir hold?		How many gallons of water does your waste water reservoir hold?	
How long are you allowed to operate when your freshwater tank is empty?			
Where will you obtain water to fill your freshwater reservoir?			
Where will you dispose of garbage?		Where will you dispose of your waste water?	