



HEALTH PERMIT APPLICATION

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

OWNER INFORMATION				
Mark all that apply (REQUIRED): <input type="checkbox"/> New Permit <input type="checkbox"/> Change of Permit Holder <input type="checkbox"/> Remodel			New Construction? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			Is the facility open and operating? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner Name:		Corporation or LLC Name (must match business license):		
Mailing Address:			Suite/Apt:	
City:		State:	ZIP Code:	
Owner Phone:	Alternate Phone:	Owner E-Mail:		
Who may the inspector contact for Plan Review?				
Name:	Phone:	Email:		
BUSINESS INFORMATION				
Name of Business (DBA):				
Physical Address:			Suite/Unit:	
Assessor's Parcel Number (Required if no physical address is available):			Business License Jurisdiction: <input type="checkbox"/> CLV <input type="checkbox"/> CC <input type="checkbox"/> NLV <input type="checkbox"/> HEND	
City:		State: Nevada	ZIP Code:	
Business Phone:	Business E-Mail:	Health Permit(s) and Invoices may be mailed to: <input type="checkbox"/> Owner's Address <input type="checkbox"/> Business Address		
Projected Opening Date:	Hours of Operation:			
Septic Tank: <input type="checkbox"/> YES <input type="checkbox"/> NO	Municipal Sewer Connection: <input type="checkbox"/> YES <input type="checkbox"/> NO	Water supply: <input type="checkbox"/> Municipal System <input type="checkbox"/> Well <input type="checkbox"/> N/A		Grease Interceptor <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
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				
<input type="checkbox"/> Annual Event Coordinator	<input type="checkbox"/> Childcare	<input type="checkbox"/> School	<input type="checkbox"/> Water Store	
<input type="checkbox"/> Bar	<input type="checkbox"/> Cosmetic Manufacturer	<input type="checkbox"/> Supplement/Drug Manufacturer	<input type="checkbox"/> Vending Machine	
<input type="checkbox"/> Body Art	<input type="checkbox"/> Food / Drink	<input type="checkbox"/> Warehouse/Storage	<input type="checkbox"/> Other:	
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

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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.



FOOD FACILITY QUESTIONNAIRE

(Not applicable for Food Establishments that do not cook, cool or reheat food)

Name of Business (DBA):					
Business Physical Address:					
Person in Charge:				Date:	
RESOURCE MATERIALS					
Food Establishment Resource Library: http://www.southernnevadahealthdistrict.org/permits-and-regulations/food-establishment-resource-library/					
Food Handler Safety Videos: https://www.southernnevadahealthdistrict.org/permits-and-regulations/food-establishment-resource-library/food-handler-safety-videos/					
Food Handler Card Program: https://www.southernnevadahealthdistrict.org/programs/food-handler-safety-program/					
Facility Design Assessment & Permitting: https://www.southernnevadahealthdistrict.org/permits-and-regulations/facility-design-assessment-permitting/					
PHYSICAL FACILITY					
Total Area of Food Facility:	Sq ft	Total # of Seats (Dining) :		# of Drive Thru Windows:	
# of Employees per shift:		# of Employee Restrooms:		# of Customer Restrooms:	
Describe the materials or finishes for the following: (or specify in your plans)	Floors				
	Walls				
	Ceilings				
Provide the quantity of the following:	Hand Sink(s)		3-Compartment Sink(s)		Dishwasher
	Prep Sink		Dump / Rinse Sink		Mop / Utility Sink
Do the following plumbing fixtures have backflow protection?		Mop Sink <input type="checkbox"/> YES <input type="checkbox"/> NO		Hose Bibs <input type="checkbox"/> YES <input type="checkbox"/> NO	
				Soda System <input type="checkbox"/> YES <input type="checkbox"/> NO	
Hot Water Heater Capacity:	Gallons	Hot Water Heater Recovery Rate:		GPH	
Location of Grease Interceptor (mark all that apply):		<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> In-Ground <input type="checkbox"/> Above Ground <input type="checkbox"/> N/A			
Do you have a grease collection or pumping service?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company:		Frequency of Trash Service:	
Pest Control Service:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company:		Will you have a cleaning service for linens and/or floor mats?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any exterior openings which are unprotected such as garage style roll up doors, pass-thru windows, or open-air dining?		<input type="checkbox"/> NO <input type="checkbox"/> YES, Describe:			
Is there a separate dry storage area?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are there any remote food storage areas?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Will you be utilizing any of the following? (Check all that apply)					
<input type="checkbox"/> HACCP Plan <input type="checkbox"/> Vacuum Sealing <input type="checkbox"/> Curing/Smoking <input type="checkbox"/> Preservatives/Additives <input type="checkbox"/> Other Special Process <input type="checkbox"/> N/A					
Is your facility FDA or USDA registered?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you handling any restricted substance, drug, supplement, or cosmetic at your facility?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

FOOD SAFETY KNOWLEDGE

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

When should employees wash their hands?

- When changing tasks After coming in from break Anytime the hands are contaminated
 Between glove changes After touching raw egg or raw meat 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?

- Gloves Utensils Deli Paper
 N/A Other:

What is the hot water temperature of the:

Handsink(s)

3-Compartment Sink(s)

Mop / Utility Sink

What hot water temperature is required for handwashing?

What hot water temperature is required in the 1st compartment of the 3-compartment sink when warewashing?

What type of Sanitizer will you use in your facility?

- Chlorine Ammonia Based (QUAT) Other:

Will PHF/TCS foods be cooked and then cooled in your facility? YES NO (If YES, answer the next 2 questions below)

What cooling methods will be used?

- Ice Bath Shallow Pans Mechanical Refrigeration Ice Paddle Other 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? YES NO (If YES, answer the question below)

What thawing methods will be used? Cool Running Water Refrigeration Microwave Other N/A

Check all raw animal foods that will be cooked in your facility: Beef Chicken Pork Seafood Eggs None

What temperature will you cook the above animal foods to prior to serving?

Will animal products be served raw or undercooked?

- YES NO

Is a consumer advisory present?

- YES NO

Will you serve alcohol in your facility?

- YES NO

Is there an Alcohol Warning Sign posted?

- YES NO

What is the required cold holding temperature for TCS food?

What is the required hot holding temperature for TCS food?

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?