



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

EXEMPTION APPLICATION

Facility Name:		Primary Business Type:	
Facility Address:		Total Sq Ft of Facility:	
Contact Name:		Total Sq Ft of Food Area:	
Email Address:		List foods sold:	
Phone Number:		(Use additional page if needed)	

OFFICE USE:	FA	SR	PR	Paid <input type="checkbox"/>
	Exemption Determination	<input type="checkbox"/> Granted <input type="checkbox"/> Not Granted	EHS Name:	EHS Signature:
				Date:

EXEMPTION CRITERIA	Initial
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Read below and initial each box:	
Restrooms as required with hand washing sinks, hot and cold running water, soap, and disposable towels.	
Primary business is not related to food sales.	
Food sales area is less than 25% of total floor space.	
No seating is offered on-premises for the consumption of food.	
Proper food storage is provided (refrigerators, storage, shelving); All food is stored on premises.	
All food is packaged and non-Time/Temperature Control for Safety, except for coffee.	
No open food handling occurs, including opening containers of bulk food, or repackaging.	

ACKNOWLEDGEMENT

I am requesting an exemption from the requirement for a health permit pursuant to NRS 446.042, and I affirm and attest that the information I have provided is true and correct to the best of my knowledge

I understand that a survey will be conducted to verify the accuracy of this application. SNHD may survey this establishment periodically to ensure the requirements for the exemption are not violated.

Establishments found in violation of the exemption will be issued a "Cease and Desist" of food sales and the exemption will be revoked, pursuant to NAC 446.042., Food sales shall not resume until a health permit is obtained.

The health authority may exempt a food establishment from the provisions of NRS 446.870 if the health authority determines that the food which is sold, offered or displayed for sale, or served at the establishment does not constitute a potential or actual hazard to the public health.

Exemptions are subject to review at any time, including a site survey at the discretion of a supervisor.

I acknowledge that I have answered all questions honestly and completely and that I have read and understand the information listed above.

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