



Southern Nevada Health District, PO Box 3902, 280 S Decatur Blvd., Las Vegas, NV 89127, (702) 759-1110  
Laughlin Public Health Center, EH Office, 55 Civic Way, Laughlin, NV 89029, (702) 759-1643  
Mesquite Public Health Center, 830 Hafen Lane, Mesquite, NV 89027, (702) 759-1682

### ESTABLISHMENT FILE UPDATE

This form may be used to update a permitted establishment file when changes in business name, phone number or billing address occur or if partners or corporate officers are added or deleted, **but** the business ownership remains the same.

**This form is not to be used for a Change of Ownership or a Change of Establishment Location**

If the location or ownership changes, a new permit must be obtained by calling (702) 759-1258. Permits are not transferable. Other restrictions and/or permits may apply.

Email completed form to: [FOODREV@SNHD.ORG](mailto:FOODREV@SNHD.ORG)

#### I. CURRENT PERMIT INFORMATION

Establishment Name: \_\_\_\_\_  
Permit Number: \_\_\_\_\_  
Location Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Name of Permit Holder: \_\_\_\_\_  
Permit Holder Phone Number: \_\_\_\_\_

#### II. CHANGES ( Complete for changes only)

Establishment Name: \_\_\_\_\_  
Permit Number: \_\_\_\_\_  
Location Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Name of Permit Holder: \_\_\_\_\_  
Permit Holder Phone Number: \_\_\_\_\_  
Partner/Corporate Officer: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Date: \_\_\_\_\_