



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

DATE RECEIVED:

**WAIVER APPLICATION**

Facility Name:		Permit Number:	PR
Facility Address:		Mailing Address:	
Business License Jurisdiction:	<input type="checkbox"/> CLV <input type="checkbox"/> CC <input type="checkbox"/> NLV <input type="checkbox"/> HEND <input type="checkbox"/> OTHER	Phone Number:	
Contact Name:		Email Address:	

<b>OFFICE USE:</b>	FA	SR	Payment Received <input type="checkbox"/>
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**Use of Waiver:** All questions below MUST be answered completely or your application will not be processed. Standard Operating Procedures must be submitted on company letterhead and signed by authorized personnel.

1. **What is the Regulation you would like waived?** Include the Regulation reference and a description of the regulation:

\_\_\_\_\_

2. **What reasons do you have for wanting this regulation waived?** Use additional sheet if necessary

\_\_\_\_\_

3. **In general, what health and safety concerns or risks does this regulation address? What risks would be present if the requirements of this regulation are removed?** Answering "none" or "there are no risks" is not an acceptable answer:

\_\_\_\_\_

4. **How will you control the risks listed above?** (Use an additional page if needed or refer to supporting documentation)

\_\_\_\_\_

5. **Documentation included to support your waiver request:** Check all that apply

<input type="checkbox"/> Standard Operating Procedure(s)	<input type="checkbox"/> Certificate of Occupancy
<input type="checkbox"/> Contract for Service Provider(s)	<input type="checkbox"/> Menu
<input type="checkbox"/> Approval from Another Agency	<input type="checkbox"/> Equipment Specifications or Manuals
<input type="checkbox"/> Site Plans or Maps	<input type="checkbox"/> Other

6. **Does this waiver affect more than one location?**  No  Yes (If yes, separate waiver applications may be required)

**Pursuant to Chapter 8 of these REGULATIONS, failure to meet the conditions of the WAIVER may result in immediate revocation of the WAIVER. Waivers are not transferrable to other locations or PERMIT HOLDERS.**

Signature of Owner or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_