



Please return this form to either of the following for processing:  
specialprograms@snhd.org or Fax: 702-759-1486

**ESTABLISHMENT FILE UPDATE\***  
Type or print clearly

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 location or ownership changes a new permit must be obtained with applicable fees incurred. Permits are not transferable. Other restrictions and/or permits may apply.

**I. CURRENT PERMIT INFORMATION**

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

**II. CHANGES** Complete for changes only

Establishment Name: \_\_\_\_\_  
Location Phone Number: \_\_\_\_\_  
Contact / Contact Phone: \_\_\_\_\_  
Owner Address change: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Billing address change: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Partner/Corporate Officer: \_\_\_\_\_  
Indicate if name is to be added or deleted: \_\_\_\_\_

Print Name and Job Title: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_