



B9K FOOD 9GH56 @G< A9BH 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 | Food / Drink *Complete required fields below: |
| <input type="checkbox"/> Farmer Market Manager | <input type="checkbox"/> Cosmetic Manufacturer | <input type="checkbox"/> Supplement/Drug Manufacturer | *Total Square Feet: |
| <input type="checkbox"/> Body Art | <input type="checkbox"/> Water Store | <input type="checkbox"/> Other | *Number of Seats: *Drive Thru: YES NO |
| 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

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

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, Credit, Business Check (no starter checks), and Money Order.



Inspections

A pre-permitting inspection 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.

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 ESTABLISHMENT QUESTIONNAIRE

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.
- 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

| | | | | | |
|---|--|--|---|-------------------------------|--|
| Number of Employees per shift: | | Number of Employee Restrooms: | | Number of Customer Restrooms: | |
| Do any of the following activities pertain to your operation? (Check all that apply) | <input type="checkbox"/> HACCP Plan <input type="checkbox"/> Preservatives/Additives <input type="checkbox"/> Par Cooking <input type="checkbox"/> Packaging Food for Grab and Go <input type="checkbox"/> Grow my own Produce | <input type="checkbox"/> Vacuum Sealing <input type="checkbox"/> Outdoor Dog Patio <input type="checkbox"/> Open-Air Dining <input type="checkbox"/> Seafood Tank <input type="checkbox"/> Other Special Process | <input type="checkbox"/> Curing/Smoking <input type="checkbox"/> Catering <input type="checkbox"/> Time as a Control <input type="checkbox"/> Canning/Jarring <input type="checkbox"/> Not applicable | | |
| Are any foods sold to other businesses? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Are any foods cooked or sold at another location? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 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 | | |
| Is your business licensed with the Nevada Secretary of State? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Have you applied for a business license with the local licensing jurisdiction? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

FINISHES AND LIGHTING

Floor materials in open food handling areas, warewashing areas, and restrooms:

Wall materials in open food handling areas, warewashing areas, and restrooms:

Ceiling materials in open food handling areas, warewashing areas, and restrooms:

PLUMBING AND REFUSE

What is the hot water temperature required for handwashing?

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

Does your facility have backflow protection for the following?

Mop Sink

YES NO N/A

Hose Bibs

YES NO N/A

Soda System

YES NO N/A

| | | | |
|---|--|--|--|
| What type of Sanitizer will you use in your facility? | | <input type="checkbox"/> Chlorine <input type="checkbox"/> Ammonia Based (QUAT) <input type="checkbox"/> Other <input type="checkbox"/> N/A | |
| Do you have test strips for your sanitizer? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | What is the required contact time for your sanitizer? | |
| Hot Water Heater Capacity: | Gallons | Type of Hot Water Heater: <input type="checkbox"/> Gas <input type="checkbox"/> Electric → <input type="checkbox"/> Tank <input type="checkbox"/> Tankless | Hot Water Heater Recovery Rate: GPH |
| Is there a grease interceptor present? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | If there is a grease interceptor, where is it located? | <input type="checkbox"/> Outside In-ground <input type="checkbox"/> Indoors <input type="checkbox"/> Other: |
| How often is the grease interceptor cleaned or pumped? | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> N/A <input type="checkbox"/> Quarterly | What is the frequency of your garbage removal service? | per Week |
| Do you have a Pest Control Service? | Name of Company: | Will you utilize a cleaning service for linens and/or floor mats? | Name of Company: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |
| What can you do to prevent a pest infestation in the food facility? (Check all that apply) | <input type="checkbox"/> Deep clean regularly <input type="checkbox"/> Get the facility sprayed monthly <input type="checkbox"/> Keep drains clean <input type="checkbox"/> Seal holes and penetrations <input type="checkbox"/> Repair plumbing leaks <input type="checkbox"/> Make doors weather tight <input type="checkbox"/> Maintain floors and walls in good condition <input type="checkbox"/> Know how to identify pests <input type="checkbox"/> Implement a pest management plan before there is a problem. | | |
| FOOD PREPARATION | | | |
| When should employees wash hands? | <input type="checkbox"/> When changing tasks <input type="checkbox"/> After coming in from break <input type="checkbox"/> When hands are contaminated <input type="checkbox"/> Between glove changes <input type="checkbox"/> After touching raw egg or raw meat <input type="checkbox"/> All of the Above | | |
| How long should an employee scrub their hands with warm soapy water when handwashing? | | How will employees prevent bare hand contact with ready-to-eat food? | <input type="checkbox"/> Gloves <input type="checkbox"/> Utensils <input type="checkbox"/> Deli Paper <input type="checkbox"/> Other <input type="checkbox"/> N/A |
| If applicable, how will food be cooled? | <input type="checkbox"/> Ice Bath <input type="checkbox"/> Shallow Pans <input type="checkbox"/> Mechanical Refrigeration <input type="checkbox"/> Ice Paddle <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable | | |
| How quickly does food need to cool from 135°F to 41°F? <input type="checkbox"/> N/A | Step One: | | |
| | Step Two: | | |
| If applicable, how will food be thawed? | <input type="checkbox"/> Cool Running Water <input type="checkbox"/> Refrigeration <input type="checkbox"/> Microwave <input type="checkbox"/> Other <input type="checkbox"/> N/A | | |
| Which animal foods will be served? | <input type="checkbox"/> Steaks <input type="checkbox"/> Chicken <input type="checkbox"/> Pork <input type="checkbox"/> Seafood <input type="checkbox"/> Eggs <input type="checkbox"/> Wild Game <input type="checkbox"/> Stuffed Meats <input type="checkbox"/> Other <input type="checkbox"/> None | | |
| What temperature will raw animal foods be cooked prior to serving? | Steaks _____ Chicken _____ Stuffed Meats _____ Seafood _____ Eggs _____ Pork _____ <input type="checkbox"/> N/A | | |

| | | | |
|---|---|--|--|
| Will raw animal products be served raw or undercooked? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | Is a consumer advisory present? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| Will alcohol be served in the facility? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Will there be an Alcohol Warning Sign posted? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| FOOD STORAGE | | | |
| Cold food must be stored below what temperature? | | Hot food must be held above what temperature? | |
| Is there adequate space to air dry all wares after washing? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | Is there adequate space to store refrigerated foods, including extra space needed for cooling? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| Will raw animal foods be stored in the same cooler as ready-to-eat foods? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | If yes, how will cross-contamination be prevented? | <input type="checkbox"/> Store raw animal food above ready-to-eat food. <input type="checkbox"/> Store raw animal food below ready-to-eat food. <input type="checkbox"/> Other |

PLAN REVIEW MINIMUM REQUIREMENTS

PRIOR TO A FINAL PERMITTING INSPECTION, THE PERSON IN CHARGE MUST VERIFY:

- Hand sink(s) with Hot & Cold running water
- Restroom(s) operable
- Sewage disposal (floor sinks, drains, interceptor)
- Backflow protection
- Lighting & Equipment
- Approved Materials/Finishes & Outer Openings protected
- All utilities are operable
- As-built plans submitted to SNHD to include any updates
- Approvals from agencies as required (Ex: TCO/CO, Building Approval, Fire Approval, AMMR/Waiver)
- Is construction done? Are you ready for customers?

IN ADDITION, FOR EACH PERMIT TYPE VERIFY:

Food Facilities

- Additional Plumbing Requirements:
 - 3-compartment sink
 - Glass washer for satellite bars
 - Dump/Prep sinks as needed
 - Utility Sink
- Menu (All open food/beverage facilities)
- Adequate Hot/Cold holding and dry storage
- Ventilation hood over cooking equipment
- Grease interceptor in open food facilities
- PIC Knowledge and Food Handler Cards

Schools

- Restrooms within 250ft of classrooms
- Pre-K Toilet and Hand Sink Height
- Toilet and Hand Sink Ratios met
- Drinking Fountain/Water Provided
- Health Office
- Temperature of Rooms (65-85F)

Child Care

- Hand Sink & Toilet Ratio 1:15 (New/Remodel)
- Diapering Area (30" min height) w/Hand Sink
- Toilet (11" 3-5yo & 15" Kinder)
- Hand sink height (21"-26" range)
- Dump/Rinse Sink in Nursery for bottles
- Classroom Temperature (65-82F)
- Isolation Area for ill children
- Restroom-5ft impervious finish
- Drinking water available for activity areas
- Menu (if foodservice is provided)

Body Art

- 80 sq ft per workstation
- Permanently plumbed hand sink accessible within 15ft of each workstation
- Sterilization room with 2-compartment sink (New Construction/Conversion if using sterilizer)
- Written Consent & After Care Instructions
- Infection Control Plan (including proper disposal of sharps/biohazard materials)
- Staff: Health Card, Bloodborne Pathogens, CPR & First Aid

**THIS LIST IS NOT ALL INCLUSIVE
FOR ADDITIONAL REGULATORY REQUIREMENTS,
VISIT WWW.SNHD.INFO/PERMITS-REGULATIONS**