

## VENDING MACHINE HEALTH PERMIT APPLICATION

[WWW.SNHD.INFO](http://WWW.SNHD.INFO) | [FoodRev@snhd.org](mailto:FoodRev@snhd.org) | (702) 759-1258

OWNER INFORMATION			
Mark all that apply ( <b>REQUIRED</b> ): <input type="checkbox"/> <b>New Permit</b> <input type="checkbox"/> <b>Change of Permit Holder</b> <input type="checkbox"/> <b>Remodel</b>			<b>New Construction?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Ownership: <input type="checkbox"/> <b>Sole Proprietorship</b> <input type="checkbox"/> <b>Partnership</b> <input type="checkbox"/> <b>Corporation</b> <input type="checkbox"/> <b>LLC</b>			<b>Is the facility open and operating?</b> <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:		<b>Health Permit(s) and Invoices may be mailed to:</b> <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 <b>YES</b> , 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	<input type="checkbox"/> Water Store
<input type="checkbox"/> Bar	<input type="checkbox"/> Cosmetic Manufacturer	<input type="checkbox"/> Supplement/Drug Manufacturer	<input type="checkbox"/> <b>Vending Machine</b>
<input type="checkbox"/> Body Art	<input type="checkbox"/> Food / Drink	<input type="checkbox"/> Warehouse/Storage	<input type="checkbox"/> Other:
ACKNOWLEDGEMENT			
<p>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 <a href="#">EH Fee Schedule</a>.</p> <p>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.</p>			
Owner/Applicant → <b>Signature:</b>			Owner/Applicant → <b>Print Name:</b>
Owner/Applicant → <b>Title:</b>			→ <b>Date:</b>

### **Electronic Submissions (Preferred)**

- Applications may be submitted electronically, without an appointment, to [foodrev@snhd.org](mailto:foodrev@snhd.org)
- If you are submitting a large file and would like an upload link, please call (702) 759-1258 to request one.

### **In-Person Submissions**

If you are unable to submit your application electronically, you may schedule an appointment by calling (702) 759-1258.

### **Review and Invoice**

The application will be reviewed to verify that all required documents have been received as specified in the *Minimum Requirements for Submission* Document (pg. 3). Once verified, a plan review will be scheduled if the machine is a new installation and an invoice for the health permit will be sent to the applicant. After the invoice is paid, the assigned inspector will schedule an inspection.

### **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](http://www.snhd.info/eh/payment)
- The Fee Schedule may be found on our website: [www.snhd.info/permits-regulations](http://www.snhd.info/permits-regulations)
- Forms of payment accepted: Cash, Credit Cards, Business Checks (no starter checks), and Money Orders.



### **Final Permitting Inspection**

To pass the inspection all equipment must be installed and operational.

### **Inspection Cancellations**

Inspection cancellations must be made prior to the inspector's arrival at the facility to avoid a missed appointment fee. If the establishment does not pass a scheduled inspection, a re-inspection fee for each permit will be assessed. All fees must be paid prior to scheduling any field appointments.

### **Other Information**

- Equipment and facilities are expected to be in good condition, maintained, repaired or replaced. New operators are expected to meet the requirements of the most current regulation.
- If the vending operation was taken over by a new owner and the equipment is like for like, the new machine may remain operational during the permitting process unless the inspector determines that it is unsafe to do so.
- Packaged food vending machines that are unmanned food operations are not required to have a handwashing sink, mop sink, or restroom associated with them.
- 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 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.
- ☒ Equipment specifications - must show proof that the machine meets NAMA or ANSI/NSF standards for sanitation.
- ☒ Description of the type of food sold in the vending machine.

### 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.
- ☒ Menu – Required for establishments with open-food handling.

### 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.
- ☒ After Care Instructions, Patron Consent Form, Infection Control Plan, and Body Art Card
- ☒ Documentation of spore testing of all sterilizers (if applicable) within the past 30 days
- ☒ Body Art Questionnaire

### 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.
- ☒ A list of ingredients and lab testing if applicable.
- ☒ Drug/Cosmetic/Supplement Manufacturers are required to register with the FDA.