



**Mailing address for non-local applicants only:**

Southern Nevada Health District, Environmental Health, PO Box 3902, Las Vegas, NV 89127

**FedEx, UPS only:** Southern Nevada Health District, Environmental Health, 280 S Decatur Blvd, Las Vegas, NV 89107

**Applications accepted at:**

Southern Nevada Health District, 280 S Decatur Blvd, Las Vegas, NV 89107, (702) 759 -1110

Laughlin Public Health Ctr. @ CC Community Resource Ctr., 55 Civic Way, Laughlin, NV 89029, (702) 759

-1643 Mesquite Public Health Ctr., 150 N. Yucca St. Stes. 3 and 4,, Mesquite, NV 89027, (702) 759 -1682

**Applications submitted electronically must be received by 1:00 p.m. for online invoicing to take place.**

**EVENT COORDINATOR APPLICATION FOR  
TASTING EVENTS, CONVENTIONS and TRADE SHOWS**

*Type or print clearly - Incomplete applications shall be denied*

**I. Event Information**

Name of Event: \_\_\_\_\_

Location/Address of event: \_\_\_\_\_

Event to be held: \_\_\_\_\_ Enclosed building \_\_\_\_\_ Outdoor \_\_\_\_\_ Both

Date(s) of event: \_\_\_\_\_

Hours of event (**Specify for each date if different**): \_\_\_\_\_

Vendor set-up time: \_\_\_\_\_

Anticipated number of patrons for the event: \_\_\_\_\_ Map Provided @ application Yes\_\_\_ No\_\_\_  
(Maximum per day) \_\_\_\_\_ Must provide at least two business days before the event

**II. Contact Information**

Name of Event Coordinator: \_\_\_\_\_

Name of Event Sponsor: \_\_\_\_\_

Event Coordinator phone (during business hours) \_\_\_\_\_

Event Coordinator EMAIL Address: \_\_\_\_\_

Event Coordinator mailing address: \_\_\_\_\_

Contact Name and phone number **during event**: \_\_\_\_\_

**III. Support Services Information**

Toilet facilities:            Number of Plumbed \_\_\_\_\_ Number of Portable \_\_\_\_\_

Handwash facilities:    Number of Plumbed \_\_\_\_\_ Number of Portable \_\_\_\_\_

Responsible party for maintaining toilet/handwash facilities during event: \_\_\_\_\_

Will potable water be available? Yes\_\_\_ No\_\_\_ If yes, where? \_\_\_\_\_

How will wastewater be disposed of? \_\_\_\_\_

Describe how electricity will be provided: \_\_\_\_\_

How will garbage be disposed of? \_\_\_\_\_

Person(s) responsible for cleaning up: \_\_\_\_\_

Other services if provided (i.e.: cold storage, commissary, ice truck, dish wash area): \_\_\_\_\_

**IV. Vendor Information**

List **ALL** vendors with point of sale at booth including Annual Itinerant Operators and Mobile Vendors. **Each point of sale vendor is required to submit a Temporary Food Establishment Application for Special Event, except currently permitted Annual Itinerants and Mobile Vendors.** \*TFE=Temporary Food Establishment; AI = Annual Itinerant; or MV=Mobile Vendor

Food and beverages booths where money is exchanged. Booths where food is sampled and product is sold.

Business Name	PR# (AI and MV)	Type of Permit (*TFE, AI or MV)	Phone Number	Food/Beverage Served or Sold
				(Attach additional page if necessary)

**Tasting Booths**

List **ALL** vendors serving **Potentially Hazardous Food (PHF) and/or open food/drink without compensation**:

No money exchange at booth.

Booths where PHF or Time/Temperature Control for Safety (TCS) and/or open food is given away (e.g., company portioning food to attract people to their booth or drink company dispensing samples to get their new product out, NO sales at booth). Seen at trade shows/tasting/sampling events but can be at special events. **The event coordinator is responsible for an accurate tasting booth count and associated fees.**

**THE EVENT COORDINATOR IS RESPONSIBLE FOR NOTIFYING AND PAYING FOR BOOTHS ADDED POST-APPLICATION, PRIOR TO THE EVENT. LATE FEES AS NOTED SHALL APPLY.**

Business Name (booth # if applicable)	Contact Name	Phone Number	Food/Beverage Served
			(Attach additional page if necessary)

**Total # beverage tasting booths: \_\_\_\_\_ Total # food tasting booths: \_\_\_\_\_**

**Fee Assessment – The Event Coordinator is responsible for payment of fees at the time of application and late fees as applicable. Late fees will be assessed at a rate of 50% of the permit fee if received with less than SEVEN DAYS NOTICE, and 100% of the permit fee if received with less than ONE BUSINESS DAY NOTICE.**

**ALL PERMIT FEES ARE NONREFUNDABLE – NO EXCEPTIONS.**

**Please make Cashier’s checks or money orders payable to: SOUTHERN NEVADA HEALTH DISTRICT.**

**No personal or business checks accepted.**

**Payment may also be made online with a credit card after you receive an Invoice Number at: <http://snhd.info/eh/payment>.**

**The current Environmental Health fee schedule can be found at: <http://www.snhd.info/ehfoodfees>.**

**V. Event Coordinator Responsibilities**

The event coordinator is responsible for the following:

1. Meeting the requirements as set forth in the applicable sections of *the Southern Nevada Health District Regulations Governing the Sanitation of Food Establishments*. **Initial** \_\_\_\_\_
2. Ensuring that food vendors apply for a Temporary Food Establishment Permit as required and shall not allow vendors without required permits to set up at the event. **Initial** \_\_\_\_\_
3. Providing a map indicating the location of support services and food/beverage venues **at least two business days** prior to the start of the event. **Initial** \_\_\_\_\_
4. Contacting the Southern Nevada Health District **prior to the event** to provide updates if any changes or additions to this application are made. **Initial** \_\_\_\_\_
5. Obtaining and submitting a **SIGNED** permission letter or contract from the property owner, if the event occurs on private property. **Initial** \_\_\_\_\_

Applicant name and job title: \_\_\_\_\_

Applicant email address: \_\_\_\_\_

Applicant phone number \_\_\_\_\_ Date \_\_\_\_\_