



FOOD ESTABLISHMENT PERMIT APPLICATION

www.snhd.info | foodrev@snhd.org | 702-759-1258

OWNER INFORMATION			
Select One: <input type="checkbox"/> NEW Food Establishment Permit <input type="checkbox"/> EXISTING Food Establishment Change of Permit Holder		Is there any CONSTRUCTION associated with this project? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Is the facility open and operating? <input type="checkbox"/> Yes <input type="checkbox"/> No If No , what is the projected opening date?	
Name of Owner - Sole Proprietor, Partnership, Corporation, or LLC:			
Owner's Mailing Address:		Suite/Unit:	
City:	State:	Zip Code:	
Owner's Phone Number:	Alternate Phone Number:	Owner's E-Mail Address:	
Who may the inspector contact for questions related to submitted plans?			
Name:	Title:	Phone:	Email:
BUSINESS INFORMATION			
Name of Business (DBA):			
Physical Address:		Suite/Unit:	
City:	State: Nevada	Zip Code:	
Business Phone:	Business Email:	Mail Invoices to: <input type="checkbox"/> Owner's Address <input type="checkbox"/> Business Address	
Hours of Operation:			
Business License Jurisdiction: <input type="checkbox"/> Clark County <input type="checkbox"/> Las Vegas <input type="checkbox"/> North Las Vegas <input type="checkbox"/> Henderson <input type="checkbox"/> Other			
Sewer Connection: <input type="checkbox"/> Municipal <input type="checkbox"/> Septic System <input type="checkbox"/> Other		Water Supply: <input type="checkbox"/> Municipal <input type="checkbox"/> Well <input type="checkbox"/> Other	
Do any existing health permits require deletion? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must submit a Notice of Business Closure form.			
PLAN REVIEW			
<p>Plans will not be reviewed until Health District staff verify that the application packet is complete and all required documents, as specified in the <i>Minimum Requirements for Plan Submission</i> are submitted. Permit applications must be submitted at least 30 calendar days before the projected opening date to avoid the assessment of late fees as provided in the EH Fee Schedule. Application fees are due upon receipt of the invoice, and projects are subject to cancellation due to non-payment. Plan review fees are non-refundable.</p> <p>Permit applications expire 180 calendar days after submission unless an extension is granted by the Health Authority. For this reason, it is important that the owner or owner representative provides frequent project status updates to the Health District.</p> <p>Health District approval is independent of all other approvals required by other regulatory entities. The applicant must separately obtain approvals and permits from other agencies and programs as required. The establishment is not permitted to operate until the required construction inspections, including the final permitting inspection, have been conducted and approved.</p>			
ATTESTATION			
By signing below, I hereby certify that I am the owner of the business or that I have been approved by the owner to act as their Authorized Representative for matters related to the preparation, submission, and revision of plans and applications to the Southern Nevada Health District.			
I attest that the information provided to the Southern Nevada Health District in the permit application packet is true and accurate. I have read, understand, and agree to be held to the conditions and responsibilities as provided in the <i>Instructions for Submission of Plans for Review</i> document. I agree to comply with applicable regulations and will allow the Health Authority reasonable access to the establishment and to any records needed to verify compliance with the regulations.			
Owner/Owner Representative Print Name:		Owner/Owner Representative Sign Name:	
Owner/Owner Representative Title:		Date:	

Electronic Application Submission (PREFERRED)

Applications may be submitted electronically to foodrev@snhd.org or via the Accela Citizens Access portal.

Once administrative staff have verified that the application packet is complete, (see Minimum Requirements for Plan Submission), it will show a status of Accepted. Then, it will be scheduled for review by a plan reviewer within 2-4 weeks. An inspector will contact the applicant via phone or email when they begin reviewing the plans. The plan status, required corrections, and instructions to pay your invoice will be provided to you via email after the review is complete.

In-Person Submissions

If the application packet cannot be submitted electronically, it can be delivered to 2830 E. Fremont St, Las Vegas, NV 89104. Drop-off hours are Tuesday-Friday, 8:00am-4:00pm.

Payment of Fees

Plan Review and Annual Health Permit fees invoices **must be paid within 5 business days** to avoid late fees or cancellation of the project.

All fees must be paid prior to scheduling field appointments and prior to review of resubmittals.

Plan Review fees are non-refundable and fees cannot be transferred from one project to another.

The Fee Schedule may be found on our website: **www.snhd.info/permits-regulations**

Fees must be paid online via Accela Citizens Access portal using a Credit Card or Bank Account.

> Log into <https://aca-prod.accela.com/SNHD/Login.aspx> Home >

> My Records > See Project List > Pay Fees Due > Check Out > Continue Shopping to add more fees to cart.



Inspections for Construction Projects

A pre-permitting walkthrough may be required by your plan reviewer or may be requested by the applicant prior to the final permitting inspection. The final permitting inspection can be requested *after* approvals are received by the building department, fire prevention, and sewer departments if applicable. Proof of approval may be provided in the form of a Certificate of Occupancy or other documentation from the applicable jurisdiction. Failure to provide proof of approval from other agencies may delay the health permit approval and the business license activation.

Inspections for Establishments undergoing Change of Permit Holder

A Change of Permit Holder (CPH) inspection will be scheduled after the health permit and plan review fees are paid. Failure to pay outstanding balances within 5 business days for an open and operating facility will result in a closure until such time that a permit is obtained.

Other Information

- ⇒ Inspection cancellations must be made *before* the inspector is on route to the facility to avoid a missed appointment fee.
- ⇒ Establishments must be fully functional with power, gas, hot water, and the equipment operational during the final permitting inspection. The expectation is that all construction is complete, and the facility is ready for customers once the health permit is approved.
- ⇒ When the permit holder changes, the establishment cannot open for business or stock food until after the health permit is approved UNLESS, it has continuously operated throughout the CPH process.
- ⇒ A re-inspection or failed final permitting fee for each permit will be assessed if the establishment is not ready for the scheduled inspection.
- ⇒ Undisclosed or unclear design characteristics do not constitute approval of such mistakes or omissions. It is the responsibility of the permit holder, or prospective permit holder, to comply with all laws and regulations.
- ⇒ The number and type of permits will be determined by the plan reviewer based on information provided by the applicant. For this reason, it is important to provide as much information about the business plan as possible and be available to answer questions when plans are being reviewed.
- ⇒ It is the responsibility of the permit holder to properly develop the project and contact the applicable agencies and SNHD programs for approvals such as Aquatic Health, Public Accommodations, Individual Sewage Disposal System, Public Water Systems, Underground Storage Tanks, HACCP/ Labeling, etc.
- ⇒ Expedited and/or after hour inspections are not guaranteed and will only be granted if staff have availability. Permit applications should be submitted no less than 90 days in advance of the projected opening date to take into account scheduling delays.

MINIMUM REQUIREMENTS FOR SUBMISSION OF PLANS FOR REVIEW

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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 packet
- 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 packet
- 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 packet
- 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

DRUGS, COSMETICS, SUPPLEMENT MANUFACTURERS

- A completed application packet
- 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

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(MUST BE COMPLETED IF THERE IS OPEN FOOD HANDLING)

Have you ever operated a Food Establishment before? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Check all that apply to your operation:					
<input type="checkbox"/> There is a person in charge that can demonstrate knowledge of food safety practices					
<input type="checkbox"/> There is a person in charge that is a Certified Food Safety Manager that will be present during each shift (Attach copy of certification).					
<input type="checkbox"/> Written procedures for clean-up of vomiting and diarrheal events are available and employees are trained to follow them.					
<input type="checkbox"/> Food handlers are informed, in a verifiable manner, of their responsibility to report information about their health and activities as they relate to foodborne illness symptoms.					
<input type="checkbox"/> An employee health policy that excludes or restricts food workers who are ill or have infected cuts or wounds					
<input type="checkbox"/> All food handlers have Food Safety Training Cards					
Total Square Feet of food areas:		Total Number of Seats:		Drive Thru Present? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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"/> Vacuum Sealing	<input type="checkbox"/> Curing/Smoking		
	<input type="checkbox"/> Preservatives/Additives	<input type="checkbox"/> Outdoor Dog Patio	<input type="checkbox"/> Catering		
	<input type="checkbox"/> Par Cooking	<input type="checkbox"/> Open-Air Dining	<input type="checkbox"/> Time as a Control		
	<input type="checkbox"/> Packaging Food for Grab and Go	<input type="checkbox"/> Seafood Tank	<input type="checkbox"/> Canning/Jarring		
	<input type="checkbox"/> Grow my own Produce	<input type="checkbox"/> Other Special Process	<input type="checkbox"/> Not applicable		
Is any food 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 registered 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, ware washing areas, and restrooms:					
Wall materials in open food handling areas, ware washing areas, and restrooms:					
Ceiling materials in open food handling areas, ware washing areas, and restrooms:					

PLUMBING AND REFUSE

What is the required hot water temperature for handwashing?			
What is the required hot water temperature for ware washing?			
Does your facility have backflow protection for the following?	Mop Sink <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Hose Bibs <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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 the 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:	Gallons per hour		
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"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> N/A	What is the frequency of your garbage removal service?		per week
Do you have a Pest Control Service? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company:	Will you utilize a cleaning service for linens and/or floor mats? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Name of Company:
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"/> Keep drains clean <input type="checkbox"/> Repair plumbing leaks <input type="checkbox"/> Maintain floors and walls in good condition <input type="checkbox"/> Implement a pest management plan before there is a problem. <input type="checkbox"/> Get the facility sprayed monthly <input type="checkbox"/> Seal holes and penetrations <input type="checkbox"/> Make doors weather tight <input type="checkbox"/> Know how to identify pests		
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
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:		
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 of ready-to-eat food 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.
Is there a designated area for the storage of employee's personal items?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	If NO, how will cross-contamination of food and foodservice items be prevented?	<input type="checkbox"/> Store personal items separate and below food for customers <input type="checkbox"/> Do not allow personal items in the food handling area.