# FOOD ESTABLISHMENT QUESTIONNAIRE

www.snhd.info | foodrev@snhd.org | 702-759-1258
https://www.southernnevadahealthdistrict.org/environmental-health-portal/

The following questions must be answered to the best of your ability. If any of the questions do not apply, you may leave them blank. Once complete, save the file and upload it to the Environmental Health Portal .

To apply for a New or Change of Ownership permit, log into the portal and **Create > Create New > Apply for a Permit**

Track the status of your application: **Home > My Records > Click the Record > Record Info > Processing Status**

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| **What is the name of the business?**<br>(This must match what is filed as the fictitious firm name with the County Clerk's Office) | |
| **Who is the Business Owner?**<br>(The owner is the Sole Proprietor, Partnership, Corporation, or LLC Name that is Registered with NV Secretary of State. This must match business license.) | |
| **Who is the best point of contact for plan review?** | Name : |
| | Email : |
| | Phone : |

**Select the Project Type that is most applicable:**

- ☐ New Construction – Ground Up
- ☐ New Buildout of existing leased space
- ☐ Adding an extra permit to my establishment
- ☐ New Ownership — Changes were made to the facility, equipment, or layout
- ☐ New Ownership — **No changes** were made to the facility
- ☐ Remodel of my permitted facility **(Use Remodel Questionnaire)**
- ☐ Open-Air Vendor
- ☐ Mobile Truck/Trailer
- ☐ Other — Describe below:

**Is the facility currently open and operating?** ☐ Yes ☐ No

If not, what is the projected opening date?

**Note:**

A food establishment may not stock food or operate without a valid health permit. If a business is purchased by a new owner while it is operating, the new owner may continue operation for a short period while the new health permit is pending. It is the discretion of the Health Authority to grant continuous operation to new owners based the public health risk. If a facility was not operational when purchased, the new owner may not operate until a valid health permit is issued.

**Have you ever operated a Food Establishment before?** ☐ YES ☐ NO

Please provide a brief description of your business plan. Add additional sheets if desired or skip this section if it is not necessary due to the simplicity of your business. This information helps the plan reviewer determine the type and number of permits that are needed.

**Check all that apply to your operation:**

- ☐ There is a person in charge that can demonstrate knowledge of food safety practices
- ☐ There is a person in charge that is a Certified Food Safety Manager that will be present during each shift (Attach copy of certification).
- ☐ Written procedures for clean-up of vomiting and diarrheal events are available and employees are trained to follow them.
- ☐ 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.
- ☐ An employee health policy that excludes or restricts food workers who are ill or have infected cuts or wounds
- ☐ All food handlers have Food Safety Training Cards

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| Total Square Feet of food prep and storage areas: | $ft^2$ | Total Number of Seats: | | Drive Thru Present? | ☐ YES ☐ NO |
| Number of Employees per shift: | | Number of Restrooms: | | Hot Water Heater Capacity: | gal |

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| Have you applied for a building permit? | ☐ YES ☐ NO ☐ NA | Have you applied for a business license with the local business licensing jurisdiction? | ☐ YES ☐ NO |

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| **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: | |

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| Does the facility have backflow protection for the following? | Mop Sink ☐ YES ☐ NO ☐ N/A | Hose Bibs ☐ YES ☐ NO ☐ N/A |

Is there a grease interceptor present? ☐ YES ☐ NO ☐ N/A

If yes, where is the grease interceptor located? ☐ Outside In-ground ☐ Indoors ☐ Other:

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| Will animal products be served raw/undercooked? | ☐ YES ☐ NO ☐ N/A |
| If yes, Is a consumer advisory present? | ☐ YES ☐ NO ☐ N/A |
| Will alcohol be served in the facility? | ☐ YES ☐ NO ☐ N/A |
| If yes, will there be an Alcohol Warning Sign posted? | ☐ YES ☐ NO ☐ N/A |
| Is any food sold to other businesses? | ☐ YES ☐ NO ☐ N/A |
| Is any food cooked or stored at another location? | ☐ YES ☐ NO ☐ N/A |
| Does the operation involve use/handling of any restricted substance, drug, supplement, or cosmetic? | ☐ YES ☐ NO ☐ N/A |

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| Do any of the following activities pertain to your operation?<br><br>**(Check all that apply)** | ☐ HACCP Plan<br>☐ Preservatives/Additives<br>☐ Par Cooking<br>☐ Packaging Food for Grab and Go<br>☐ Grow my own Produce | ☐ Vacuum Sealing<br>☐ Outdoor Dog Patio<br>☐ Open-Air Dining<br>☐ Seafood Tank<br>☐ Other Special Process | ☐ Curing/Smoking<br>☐ FDA/USDA Registered<br>☐ Time as a Control<br>☐ Canning/Jarring<br>☐ N/A |