



Mailing Address: Southern Nevada Health District, Environmental Health, PO Box 3902, Las Vegas, NV 89127  
 FedEx, UPS only: Southern Nevada Health District, Environmental Health, 700 Desert Lane, Las Vegas, NV 89106

Apply in Person at: Southern Nevada Health District, 330 S. Valley View Blvd., Las Vegas, NV 89107 - (702) 759-1251  
 Laughlin Public Health Center, 3080 Needles Hwy, Suite 1800, Laughlin, NV 89029 - (702) 759-1643  
 Mesquite Public Health Center, 830 Hafen Lane, Mesquite, NV 89027 – (702) 759-1682

**TEMPORARY FOOD ESTABLISHMENT APPLICATION FOR SPECIAL EVENT**  
**Incomplete applications shall be denied. Type or print clearly.**

Please make Cashier's Checks and Money Orders payable to: Southern Nevada Health District  
**PERSONAL AND BUSINESS CHECKS NOT ACCEPTED**

Applications **MUST** be **RECEIVED** at the office at least seven (7) calendar days **PRIOR** to the event or a late fee will be assessed. ALL PERMIT FEES ARE NONREFUNDABLE - **NO EXCEPTIONS**. If mailing this application, the Cashier's check or money order **MUST** accompany this form.

**Effective July 1, 2010**

Length of Event	Permit Fee	Late Permit Fee	Late Permit Fee w/less than ONE BUSINESS DAY NOTICE
1 – 5 Day Event	\$131.00 per booth	\$66.00 per booth	\$131.00
6 – 10 Day Event	\$160.00 per booth	\$79.00 per booth	\$160.00
11 – 14 Day Event	\$198.00 per booth	\$99.00 per booth	\$198.00
Non-Profits	EXEMPT	\$66.00 per booth	\$132.00

Non-Profit organizations that provide a copy of their **NEVADA STATE** Tax Exempt Letter when applying are exempt from permit fees but are still required to obtain a permit. Late submission fees shall apply. **LOCAL VENDORS must** apply for their Temporary Food Permit **in person** at one of the above Health District locations.

**I. Event Information**

Name of Event: \_\_\_\_\_  
 Name of Event Coordinator: \_\_\_\_\_  
 Event Coord. Phone: \_\_\_\_\_  
 Event Coord. Email Address \_\_\_\_\_  
 Location/Address of Event: \_\_\_\_\_  
 Date(s) of Event: \_\_\_\_\_  
 Hours of Event (Specify for each date if different): \_\_\_\_\_

**II. Applicant Information**

Name of Temporary Food Establishment: \_\_\_\_\_  
 Name of Owner/Operator: \_\_\_\_\_  
 Mailing Address and Phone Number: \_\_\_\_\_  
 Contact Name and Phone Number During Event: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Tax Exempt Number (if applicable): \_\_\_\_\_  
 Number of Booths (fill out separate application for each booth with different menu items): \_\_\_\_\_

**III. Temporary Food Establishment Information**

Time the booth will be ready for inspection on the first day of event: \_\_\_\_\_ am  
pm

Circle type of hand wash station **at booth**: Portable sink / Gravity fed / Other: \_\_\_\_\_

Circle type of Sanitizer? Bleach (chlorine) / QUAT (ammonium) / Other: \_\_\_\_\_

Remember to bring appropriate test strips.

Any off-site food preparation? \_\_\_\_\_ If yes, location: \_\_\_\_\_

List **all** food and beverage items to be prepared and served: (Attach additional page if necessary)

Food Item	Source	Off-site Prep (Yes/No)	Cooking Equipment	Cold Holding Equipment	Hot Holding Equipment

**IV. Operator Responsibilities**

1. The operator is responsible for meeting all requirements as set forth in the *Temporary Food Establishment Quick Reference Sheet* and applicable sections of *the Southern Nevada Health District Regulations Governing the Sanitation of Food Establishments*. Initial \_\_\_\_\_
2. I have received a copy of the *Temporary Food Establishment Quick Reference Sheet* and understand that critical violations may result in the suspension or denial of the Health Permit. Initial \_\_\_\_\_
3. I am aware that each booth must be properly equipped **and ready to operate** by the time indicated, and that failure to do so may result in suspension or denial of the permit. Initial \_\_\_\_\_
4. The applicant must contact the Southern Nevada Health District to advise of any changes or additions to this application prior to the event. Initial \_\_\_\_\_
5. This application is for a Temporary Health Permit only. The operator is responsible for obtaining all applicable permits as required by other agencies. Initial \_\_\_\_\_
6. Obtaining and submitting a permission letter from the property owner, if the event occurs on private property (if there is no Event Coordinator). Initial \_\_\_\_\_

Print Name and Job Title: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

SNHD – ENVIRONMENTAL HEALTH USE ONLY:
Date Received: _____ Received By: _____