Special Process Exemption Request Form

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Southern Nevada Health Distric	t

GENERAL INFORMATION

Company name:	
SNHD permit number:	
Contact name:	
Contact phone number:	
Contact email address:	
EXEMPTION REQUEST FOR:	
ADDITIONAL INFORMATION: Will the product be packaged for retail sale?	es 🗌 No
Will the product be sold/served in any other estab	lishment or outlet?
ATTACHMENTS:	
Attach all supporting documentation to show the consistently (e.g., recipe, process, lab test, etc.).	product will be made safely and
Signature	Date