



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 TRADITIONAL SPECIAL EVENTS

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:
(Maximum per day) _____

Map Provided @ application Yes___ No___
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): _____

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/ehfees>.

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. **Note that additions may result in the assessment of additional fees as noted above.** **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 _____