Instructions for Submission

Submitting the application:

All applications must be completed in full and fees paid before processing. The applicant is encouraged to submit their application in person or electronically. If provided in person, applications are not processed after 4 p.m. Applications submitted electronically must be received by 1:00 p.m. for online invoicing to take place.

Our office is closed on weekends and Holidays as listed on our website. These days are included in the 7 days prior to event to avoid any late fees.

With electronic submissions:

- 1. After the application is submitted, you will receive an automated response that "Your application has been successfully submitted."
- 2. The application is reviewed. Incomplete applications cannot be processed and will be rejected. If your application does not automatically send, please ensure all fields are completed. Completed applications can also be emailed to EHFoodOpsAdmin@snhd.org. Once reviewed and found to be complete, an invoice will be emailed to you for online payment at www.snhd.info/eh/payment.
- 3. It is your responsibility to make payment on the invoice in a timely manner and email the receipt to SNHD:
 - Payment is expected the day of the application. The application will not be processed until payment and notification have been received. Once invoiced, payment must be received within 3 business days or the application will need to be resubmitted.
 - Once the invoice has been paid, it is the responsibility of the applicant to provide proof
 of payment by email sent to EHFoodOpsAdmin@snhd.org. Once the email is received,
 your application will be processed.

If you have any questions, please contact the Food Operations section at (702) 759-1110.



TEMPORARY FOOD ESTABLISHMENT (TFE) APPLICATION FOR SPECIAL EVENT

Incomplete Applications Shall Be Denied - Type or Print Clearly

Mailing Addresses:

- SNHD, Environmental Health, PO Box 3902, Las Vegas, NV 89127
- Fed Ex & UPS: SNHD, Environmental Health, 280 S. Decatur Blvd., Las Vegas, NV 89107
 Applications submitted electronically must be received by 1:00 p.m. for online invoicing to take place.

Local Offices:

- SNHD Main Office, 280 S Decatur Blvd, Las Vegas, NV 89107, (702) 759 -1110
- SNHD Laughlin Office, 55 Civic Way, Laughlin, NV 89029, (702) 759 -1643
- SNHD Mesquite Office, 150 N. Yucca St. Stes. 3 and 4,, Mesquite, NV 89027, (702) 759 -1682

EVENT INFORMATION										
Name of Event:										
Address of Event:										
City:				State:		ZIP Code	:			
Date(s) of Even	t # of Days of Event	Start Date:			End Date (if app	cable):				
Hours of Event (Specify for each date if different):										
Name of Event Coordinator:										
Phone:			Email Address:							
		APPL	ICANT IN	FORMATIO	ON					
Name of Temporary Food Establishment:										
Name of Owner/Operator:										
Mailing address:										
City: State:		State:	ZipCode:		Email Address:					
During Event	Contact Name:	1		Contact	Phone Number:					
	Т	EMPORARY FOO	D ESTABL	ISHMENT	INFORMATION					
Time the TFE will be ready for inspection on the first day of event										
Type of Hand Wash Station (check one)		Portable S	Portable Sink []		Gravity Fed []		[]			
Type of Sanitizer (Bring Appropriate Test Strips)		Bleach (Chlo	each (Chlorine) [] QU		T (ammonium) [] Othe		[]			
Any Off-Site Food Preparation Y		Yes [] Locati	Yes [] Location:				No []			

Li	st All Food and Beverage	e Items to be Prepar	ed and Served (Attach	Additional Page if Necessa	ry)					
Food Item Purchased From		Off-Site Prep (Y/N) Cooking Equipmen		Cold Holding Equipment	Hot Holding Equipment					
		PEF	MIT FEE							
Step 1 – Booth Num	bers and Dimensions – I	f you have multiple	booths of different size	es, fill in a separate line for	r each size					
Booth Dimension	s – Length x Width	# of TFE Bo	oths of This Size	SNHD US	SNHD USE ONLY					
Step 2 – Compute Fo	ees – Please Make Cashi	er's Checks & Money	Orders Payable to: S	outhern Nevada Health [District					
Personal and Business Checks NOT Accepted. Payment may also be made online with a credit card after you receive an Invoice. The current Environmental Health fee schedule can be found at http://www.snhd.info/ehfees .										
			-							
Applications MUST be RECEIVED at the office at least seven (7) calendar days PRIOR to the event or a late fee will be assessed. 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 NONREFUNDAB	LE – NO EXCEPTI	ONS.							
If mailing this ap	plication, payment MI	UST accompany ti	nis form.							
				DEPARTMENT OF TAXATIO	N SALES/USE TAX					
EXEMPT STATUS LE		exempt from permit fe		to obtain a permit. Late subr						
SNHD USE ONLY		#Booths x Fee =		Balance Due:						
	O	PERATOR RESPONS	SIRILITIES		INITIAL					
1. The operat				emporary Food Establishme						
	Quick Reference Sheet and applicable sections of the Southern Nevada Health District Regulations Governing the Sanitation of Food Establishments.									
	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.									
I am aware failure to d	3. I am aware that each TFE 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.									
4. The applicant must contact the Southern Nevada Health District to advise of any changes or additions to this application prior to the event.										
 This application is for a Temporary Health Permit only. The operator is responsible for obtaining all applicable permits as required by other agencies. 										
 Obtaining and submitting a permission letter from the property owner, if the event occurs on private property (if there is no Event Coordinator). 										
Applicant Name and J		<u> </u>			I					
Applicant email Address and Phone Number Date:										
and Phone Number										
SNHD USE ONLY	RECEIVED BY:		D	ATE RECEIVED:						