



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): _____

IV. Vendor Information

List **ALL** vendors with point of sale at booth including Annual Itinerant Operators and Mobile Vendors. **Each point of sale vendor is required to submit a Temporary Food Establishment Application for Special Event, except currently permitted Annual Itinerants and Mobile Vendors.** *TFE=Temporary Food Establishment; AI = Annual Itinerant; or MV=Mobile Vendor

Food and beverages booths where money is exchanged. Booths where food is sampled and product is sold.

Business Name	PR# (AI and MV)	Type of Permit (*TFE, AI or MV)	Phone Number	Food/Beverage Served or Sold
				(Attach additional page if necessary)

Will there be any food or beverage offered at your event, without direct point of sale/money exchange at the booth? Yes___ No___ If yes, list all vendors serving Time/Temperature Control for Safety (TCS) or open food _____

If there is an admission fee or similar compensation associated with this service, the activity constitutes a tasting event and booth inspection fees apply. (Fees are applied at 1-10 beverage only or 1-5 mixed food and beverage tasting booths*)

Business Name <small>(booth # if applicable)</small>	Contact Name	Phone Number	Food/Beverage Served
			(Attach additional page if necessary)

***Total # beverage tasting booths: _____ Total # food tasting booths: _____**

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/ehfoodfees>.

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 _____