



Otto Ravenholt Public Health Center, PO Box 3902, 625 Shadow Lane, Wing 1, Las Vegas, NV 89127 – (702) 759-0588
 East Las Vegas/Strip Public Health Center, 520 E. Lake Mead Drive, Henderson, NV 89015 – (702) 759-0620
 Henderson/Special Programs Public Health Center, 520 E. Lake Mead Drive, Henderson, NV 89015 – (702) 759-0501
 Laughlin Environmental Health Office, 3080 Needles Hwy. Suite 1800, Laughlin, NV 89029 – (702) 759-1643
 North Las Vegas Public Health Center, 6330 W. Spring Mountain Rd. Suite C, Las Vegas, NV 89146 – (702) 759-0502
 Spring Valley Environmental Health Office, 6330 W. Spring Mountain Rd. Suite C, Las Vegas, NV 89146 – (702) 759-0503
 Mesquite Environmental Health Office, 830 Hafen Lane, Mesquite, NV 89027 – (702) 759-1682

CHANGE OF OWNERSHIP APPLICATION

*Type or print clearly - Incomplete applications shall be denied
 To be completed by all permanent facilities with the exception of pools and spas.*

An annual health permit fee and a one-time change of ownership fee must be paid at the time of application per health permit. Please call one of the above offices to obtain the correct fees. Application must be made in person at any of the above locations. A signed Bill-of-Sale or Lease Agreement for the new owner will be required. No Purchase Agreements will be accepted. Only currently active health permits can be completed with a change of ownership application. A representative for the new owner may make application for the change of ownership on his or her behalf. Any facilities with an expired permit, and/or are remodeling, must apply through the Plan Review Department at 759-1259 by appointment only.

Please make Business Checks payable to: **SNHD or SOUTHERN NEVADA HEALTH DISTRICT**
PERSONAL CHECKS NOT ACCEPTED

I. Establishment Information:	
Name of Establishment:	
Contact Person at Location: (Name and Phone Number):	Phone #:
Hours of Operation:	Number of Employees (approximately):
Billing to be sent to : (Check one) Ownership Address <input type="checkbox"/> Location Address <input type="checkbox"/>	
Is Establishment Currently Open and Operating? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, are ownership docs GREATER than 30 days old? YES <input type="checkbox"/> (late fee required) If no, may not open until inspected and approved NO <input type="checkbox"/> Is Establishment Under Remodel? YES <input type="checkbox"/> NO <input type="checkbox"/> (If yes, requires a Plan Review - Call 759-1259 for an Appointment)	
Special Notes:	(Spec. Notes: Use to list days open, Commissary name. Etc.)
# of Seats:	# of Customer Restrooms:
# of Drive thru Windows:	# of Employee Restrooms:
II. Location Information:	
Address of facility information (below):	
Street No:	Suite #:
Dir: (check) North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/>	
Street Name:	City:
State:	Zip Code:
Phone Number at Location:	Contact Person:
Additional space for address: (Note if inside of casino, shopping mall, etc):	

III. Owner Information (List Corporation, LLC, Partnership, or Sole Proprietor Name):	
Owner Name:	Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other <input type="checkbox"/>
Individual Owner Name:	
<i>(Please check one of the above)</i>	
Owner Address below:	
Street No:	Dir: (check) North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/>
Street Name:	City:
State:	Zip:
Phone #:	Date Taking Over:

IV. Corporation, LLC, or Partnership Information			
Please fill out below if one of the above (not required for individual owner; already in Section III)			
<i>List Officer's Names</i>	<i>Title</i>	<i>Home Address</i>	<i>Contact Phone #</i>

Additional Information: Please fill in below any additional information that might be helpful.

V. Applicant (person who filled out application.)			
The applicant acknowledges that they are responsible for the proper and safe operation of the establishment named herein, and agrees to operate such establishment in accordance with all laws and regulations pertaining thereto.			
<input type="checkbox"/> Applicant acknowledges receipt of a copy of the applicable regulations;			
<input type="checkbox"/> Applicant declined copy of applicable regulations in lieu of electronic copy at: http://www.snhd.info/eh/index.php			
Print name and job title:			
Signature		Date:	

PLEASE NOTE THAT THE ACCEPTANCE OF THIS APPLICATION, BY SOUTHERN NEVADA HEALTH DISTRICT, DOES NOT CONSTITUTE APPROVAL.

ALL APPLICATION APPROVALS ARE SUBJECT TO REVIEW, INSPECTION BY THE ENVIRONMENTAL HEALTH DIVISION, AND ISSUANCE OF A HEALTH PERMIT.