



Otto Ravenholt Public Health Center, PO Box 3902, 625 Shadow Lane, Wing 1, Las Vegas, NV 89127 – (702) 759-0588

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 the number above to obtain the correct fees. Application must be made in person at the above location. A signed Bill-of-Sale and/or Lease Agreement as applicable 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 facility that has been closed for over one billing cycle, is not in good standing, has been deleted for non-payment of fees, and/or is remodeling, must apply through the Plan Review Department at 759-1258 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, Phone Number and EMAIL Address):		Phone #:
Hours of Operation:	Number of Employees:	(approximately)
Billing to be sent to Owner <input type="checkbox"/> Billing to be sent to Location Address: <input type="checkbox"/> (Check one)		
<p>Is Establishment Currently Open and Operating? YES <input type="checkbox"/> NO <input type="checkbox"/> (If no, may not open until inspected and approved)</p> <p>If yes, are ownership docs GREATER than 30 days old? YES <input type="checkbox"/> (late fee required) NO <input type="checkbox"/></p> <p>Is Establishment currently under Waiver, Variance, or HACCP Plan? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Are Special Processes planned? (Reduced Oxygen Packaging [vacuum packing, canning, sous vide, cook/chill bagging], curing, smoking, using preservatives, sprouting seeds/beans, private custom meat cutting) Y <input type="checkbox"/> (If yes, Plan Review is required) NO <input type="checkbox"/></p> <p>Is Establishment Under Remodel? YES <input type="checkbox"/> NO <input type="checkbox"/> (If yes, Plan Review required)</p>		
Special Notes:	<i>(Spec. Notes: Use to list days open, Commissary name. Etc.)</i>	
# of Seats:	#Customer Restrooms:	
# of Drive thru Windows:	# Employee Restrooms:	
II. Location Information		
Address of facility information (below):		Suite #:
Street No:	Dir: 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:	LLC: <input type="checkbox"/>	Partnership: <input type="checkbox"/>
Individual Owner:	Corporation: <input type="checkbox"/>	Sole Proprietorship: <input type="checkbox"/>
<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)

List Officer's Names	Title	Home Address	Contact Phone #

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. A copy of applicable regulations can be found at:
www.southernnevadahealthdistrict.org/download/eh/food-regs.pdf

Print name and job title:			
Signature		Date:	

PLEASE NOTE THAT THE ACCEPTANCE OF THIS APPLICATION BY SOUTHERN NEVADA HEALTH DISTRICT DOES NOT CONSTITUTE PERMIT APPROVAL. ALL APPLICATION APPROVALS ARE SUBJECT TO REVIEW, INSPECTION BY THE ENVIRONMENTAL HEALTH DIVISION, AND ISSUANCE OF A HEALTH PERMIT.