



Henderson Public Health Center, 520 E. Lake Mead Dr., Henderson, NV 89015, (702) 759-0620, (702) 759-0501

## ANNUAL EVENT COORDINATOR APPLICATION FOR SPECIAL EVENTS and TRADE SHOWS

*Type or print clearly - Incomplete applications shall be denied*

*An office Plan Review Meeting, followed by a field inspection is required for first time applicants.  
First time applicants must make an appointment for plan review, (702) 758-1258.*

A Plan Review fee of \$236 (office meeting + 1 hr field time) AND permit fee of \$1,160 must be paid at the time of application. This application MUST be received at the office at least seven (7) calendar days PRIOR to the event or a late fee of \$145 will be assessed. The late fee will be \$290 if the application is received less than 1 business day from the start of the event.

NO EXCEPTIONS.

**Cash, Visa/Mastercard, or Business Checks payable to: Southern Nevada Health District (SNHD)**

**VENUE LOCATION:** \_\_\_\_\_

**COORDINATOR:**

Name of Coordinator: \_\_\_\_\_

Event Coordinator phone number: \_\_\_\_\_  
(during business hours)

Event Coordinator EMAIL: \_\_\_\_\_

Event Coordinator mailing address: \_\_\_\_\_

Contact Name and phone number during event: \_\_\_\_\_

**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: \_\_\_\_\_

**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 items listed in Sections III and IV **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. **Initial** \_\_\_\_\_

Print name and job title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Updated: 9/11

EVENTS:

