



Henderson Public Health Center, 520 E. Lake Mead Dr, Henderson, NV 89015 – (702) 759-0620, (702) 759-0501
 Laughlin Public Health Center, 3080 Needles Hwy, Suite 1800, Laughlin, NV 89029, (702) 759-1643
 Mesquite Public Health Center, 830 Hafen Lane, Mesquite, NV 89027 – (702) 759-1682
 Spring Valley Public Health Center, 6330 W. Spring Mtn., Ste. C, Las Vegas, NV 89146 – (702) 759-0503, (702) 759-0502

EVENT COORDINATOR APPLICATION FOR SPECIAL EVENTS and TRADE SHOWS

Type or print clearly - Incomplete applications shall be denied

A fee of \$290.00 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. 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

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) _____ Number of booths at event: _____

II. Contact Information

Name of Event Coordinator: _____
 Name of Event Sponsor: _____
 Event Coord. phone number (during business hours)
 and EMAIL Address: _____
 Event Coord. 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

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

Business Name	Phone Number	Food/Beverage served or sold
		(Attach additional page if necessary)

List ALL vendors serving open food/drink without compensation:

No money exchange at booth.

Booths where open food is given away (e.g. company portioning food to attract people to their booth or drink company dispensing samples to get their new product out, NO sales at booth). Seen at trade shows/tasting events but can be at special events.

Business Name (booth # if applicable)	Phone Number	Food/Beverage served
		(Attach additional page if necessary)

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 items listed in Sections III and IV 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.

Initial _____

Print name and job title: _____

Signature _____ Date _____