



**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

**All local applicants must apply in person 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., 830 Hafen Lane, 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):



**Fee Assessment – The Event Coordinator is responsible for payment of fees at the time of application and late fees as applicable. 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>**

	Permit Fee	Late Permit Fee (Less than SEVEN DAYS NOTICE)	Late Permit Fee (Less than ONE BUSINESS DAY NOTICE)
Event Coordinator 2-10 Vendor Booths (No tasting booths)	\$145.00	\$72.50	\$145.00
Event Coordinator 11-59 Vendor Booths (No tasting booths)	\$290.00	\$145.00	\$290.00
Event Coordinator 60+ Vendor Booths (No tasting booths)	\$290.00 base fee at application + \$118 hourly fee Refer to Instructions for Submission page	\$145.00	\$290.00

**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 \_\_\_\_\_