



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

TEMPORARY FOOD ESTABLISHMENT APPLICATION FOR SPECIAL EVENT

Incomplete applications shall be denied.

Type or print clearly.

Please make Business Checks payable to: Southern Nevada Health District

PERSONAL CHECKS NOT ACCEPTED

Applications MUST be RECEIVED at the office at least seven (7) calendar days PRIOR to the event or a late fee will be assessed, NO EXCEPTIONS. If mailing this application, the check or money order MUST accompany this form.

Effective July 1, 2010

| Length of Event | Permit Fee | Late Permit Fee | Late Permit Fee w/Less Than 24 Hr. Notice |
|-------------------|-----------------|-----------------|---|
| 1 – 5 Day Event | \$131 per booth | \$66 per booth | \$131 |
| 6 – 10 Day Event | \$160 per booth | \$79 per booth | \$160 |
| 11 – 14 Day Event | \$198 per booth | \$99 per booth | \$198 |
| Non-Profits | EXEMPT | \$66 per booth | \$132 |

Non-Profit organizations that provide a copy of their State Tax Exempt Letter are exempt from fees but are still required to obtain a permit. **LOCAL VENDORS must** apply for their Temporary Food Permit **in person** at one of the above Health District locations.

I. Event Information

Name of Event: _____

Name of Event Coordinator: _____

Event Coord. Phone & Email: _____

Location/Address of Event: _____

Date(s) of Event: _____

Hours of Event (Specify for each date if different): _____

II. Applicant Information

Name of Temporary Food Establishment: _____

Name of Owner/Operator: _____

Mailing Address and Phone Number: _____

Contact Name and Phone Number During Event: _____

Tax Exempt Number (if applicable): _____

Number of Booths (fill out separate application for each booth with different menu items): _____

