

**Southern Nevada Health District - Environmental Health Division**  
**EXEMPTION from Food Establishment Health Permit Checklist**

I, \_\_\_\_\_ (print) am requesting an exemption from the requirement for a Health Permit pursuant to NRS 446.870, and I affirm and attest the following are true and correct to the best of my knowledge:

Name of Business: \_\_\_\_\_

Business address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Business Hours: \_\_\_\_\_ to \_\_\_\_\_

Primary type of Business: \_\_\_\_\_

Foods requested to be sold: \_\_\_\_\_

Square footage (Ft<sup>2</sup>) of establishment: \_\_\_\_\_ Ft<sup>2</sup> of Foods area: \_\_\_\_\_

1. <b>Restroom on Premises</b> (hot and cold water, soap and disposable towels) Initial: _____	2. <b>Proper food storage</b> ; All foods stored on premises (refrigerators, dry storage, shelving) Initial: _____
3. Primary business NOT related to food sales; <b>FOOD SALES LESS THAN 25% of TOTAL floor space.</b> Initial: _____	4. Pre-packaged foods only (except for coffee) <b>NO Potentially Hazardous foods.</b> Initial: _____
5. <b>NO seating</b> offered for the on-premises consumption of foods. Initial: _____	6. <b>NO handling of foods, including opening containers of bulk food or repackaging.</b> Initial: _____

I understand that a survey will be conducted to verify the accuracy of this application. The Southern Nevada Health District may survey this establishment periodically to ensure the requirements for EXEMPTION are not violated.

Establishments found to be in violation of the EXEMPTION will be issued an order to "CEASE AND DESIST" food sales, and may not resume food sales until a HEALTH PERMIT is granted.

**NOTICE: EXEMPTIONS are valid for two years, and a letter will be sent to the Operator and the business licensing entity indicating that the EXEMPTION is due for review. EXEMPTIONS are subject to review at any time, including a site survey at the discretion of the assigned E.H. Supervisor.**

OWNER/OPERATOR: \_\_\_\_\_ Date: \_\_\_\_\_

INITIAL APPROVAL / DISAPPROVAL: \_\_\_\_\_ Date: \_\_\_\_\_

FIELD COMMENTS: \_\_\_\_\_

**EXEMPTION is granted**

EXEMPTION is **NOT** granted. **CEASE AND DESIST ALL FOOD SALES. APPLY FOR HEALTH PERMIT**

EHS: \_\_\_\_\_ (INITIAL)

DATE: \_\_\_\_\_