



Otto Ravenholt Public Health Center, PO Box 3902, 625 Shadow Lane, Wing 1, Las Vegas, NV 89127 – (702) 759-0588
 East Las Vegas Public Health Center, 420 N. Nellis Blvd, Suite A-5, Las Vegas, NV, 89110 – (702) 759-0620
 Henderson Public Health Center, 520 E. Lake Mead Drive, Henderson, NV 89015 – (702) 759-0501
 North Las Vegas Public Health Center, 400 Shadow Lane #104, Las Vegas, NV 89106 – (702) 759-0502
 Spring Valley Environmental Health Office, 6330 W. Spring Mountain, Suite A, Las Vegas, NV 89146 – (702) 759-0503

CHANGE OF OWNERSHIP APPLICATION - POOLS

Type or print clearly - Incomplete applications will be denied

An annual health permit fee and a one-time change of ownership fee must be paid at the time of application per health permit. Please call one of the above offices to obtain the correct fees. Application must be made in person at any of the above locations. A signed Bill-of-Sale or Lease Agreement for the new owner will be required. No Purchase Agreements will be accepted. A representative for the new owner may make application for the change of ownership on his or her behalf.

Please make **business checks** payable to: SOUTHERN NEVADA HEALTH DISTRICT
Personal checks will not accepted as of November 1, 2007

I. Establishment Information			
Name of Establishment:			
Billing sent to Owner:	<input type="checkbox"/>	Billing sent to Location Address:	<input type="checkbox"/> (Check one)
Special Notes:			
II. Location Information			
Address of facility information (below):			
Street No:	Dir: North	<input type="checkbox"/>	South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/>
Street Name:		City:	
State:		Zip Code:	
Phone Number at Location:		Contact Person:	

III. Owner Information (List Corporation, LLC, Partnership, or Sole Proprietor Name)			
Owner Name:		LLC: <input type="checkbox"/>	Partnership: <input type="checkbox"/>
Individual Owner: <input type="checkbox"/>		Other: <input type="checkbox"/>	Corporation: <input type="checkbox"/>
<i>(Please check one of the above)</i>			
Owner Address below:			
Street No:		Dir: (check) <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	
Street Name:		City:	
State:		Zip:	
Phone #:		Date Taking Over:	
IV. Corporation, LLC, or Partnership Information			
Please fill out below if one of the above (not required for individual owner)			
<i>Officer's Names</i>	<i>Title</i>	<i>Home Address</i>	<i>Contact Phone #</i>
Property Management Company:			
Address:			
Phone Number:			
Property Manager:			
V. Applicant (person who filled out application.)			
The applicant acknowledges that they are responsible for the proper and safe operation of the establishment named herein, and agrees to operate such establishment in accordance with all laws and regulations pertaining thereto.			
<input type="checkbox"/> Applicant acknowledges receipt of a copy of the applicable regulations; <input type="checkbox"/> Applicant declined copy of applicable regulations in lieu of electronic copy at: http://www.southernnevadahealthdistrict.org/environmental_health_info.htm			
Print name and job title:			
Signature		Date:	