



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
TASTING EVENTS, CONVENTIONS and TRADE SHOWS**

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: _____ Map Provided @ application Yes___ No___
(Maximum per day) _____ 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): _____

IV. Vendor Information

List **ALL** vendors with point of sale at booth including Annual Itinerant Operators and Mobile Vendors. **Each point of sale vendor is required to submit a Temporary Food Establishment Application for Special Event, except currently permitted Annual Itinerants and Mobile Vendors.** *TFE=Temporary Food Establishment; AI = Annual Itinerant; or MV=Mobile Vendor

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

| Business Name | PR# (AI and MV) | Type of Permit (*TFE, AI or MV) | Phone Number | Food/Beverage Served or Sold |
|---------------|--------------------|--|-----------------|---------------------------------------|
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| | | | | (Attach additional page if necessary) |

Tasting Booths

List **ALL** vendors serving **Potentially Hazardous Food (PHF) and/or open food/drink without compensation:**

No money exchange at booth.

Booths where PHF or Time/Temperature Control for Safety (TCS) and/or 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/sampling events but can be at special events. **The event coordinator is responsible for an accurate tasting booth count and associated fees.**

THE EVENT COORDINATOR IS RESPONSIBLE FOR NOTIFYING AND PAYING FOR BOOTHS ADDED POST-APPLICATION, PRIOR TO THE EVENT. LATE FEES AS NOTED SHALL APPLY.

| Business Name (booth # if applicable) | Contact Name | Phone Number | Food/Beverage Served |
|--|--------------|-----------------|---------------------------------------|
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| | | | (Attach additional page if necessary) |

Total # beverage tasting booths: _____ Total # food tasting booths: _____

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) |
|--|--|---|---|
| Tasting Event Coordinator, Beverage only 1 – 10 booths 11-20 booths Each additional 10 booths | \$290.00 Included additional \$120.00 additional \$120.00 | \$145.00 | \$290.00 |
| Tasting Event Coordinator, Food or Mixed Food/Beverage 1-5 booths Each additional 5 booths | \$290.00 base fee additional \$120.00 additional \$120.00 | \$ 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. **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 _____