



LOW-RISK FOOD 9GH56 @G< A9BH CHANGE OF PERMIT HOLDER APPLICATION

WWW.SNHD.INFO | FoodRev@snhd.org | (702) 759-1258

OWNER INFORMATION			
Mark all that apply (REQUIRED): <input type="checkbox"/> New Permit <input type="checkbox"/> Change of Permit Holder <input type="checkbox"/> Remodel			New Construction? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			Is the facility open and operating? <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner Name:		Corporation or LLC Name (must match business license):	
Mailing Address:			Suite/Apt:
City:		State:	ZIP Code:
Owner Phone:	Alternate Phone:	Owner E-Mail:	
Who may the inspector contact for Plan Review?			
Name:	Phone:	Email:	
BUSINESS INFORMATION			
Name of Business (DBA):			
Physical Address:			Suite/Unit:
Assessor's Parcel Number (Required if no physical address is available):		Business License Jurisdiction: <input type="checkbox"/> CLV <input type="checkbox"/> CC <input type="checkbox"/> NLV <input type="checkbox"/> HEND	
City:		State: Nevada	ZIP Code:
Business Phone:	Business E-Mail:	Health Permit(s) and Invoices may be mailed to: <input type="checkbox"/> Owner's Address <input type="checkbox"/> Business Address	
Projected Opening Date:	Hours of Operation:		
Septic Tank: <input type="checkbox"/> YES <input type="checkbox"/> NO	Municipal Sewer Connection: <input type="checkbox"/> YES <input type="checkbox"/> NO	Water supply: <input type="checkbox"/> Municipal System <input type="checkbox"/> Well <input type="checkbox"/> N/A	Grease Interceptor <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Nevada Clean Indoor Air Act (NCIAA): <input type="checkbox"/> Exempt <input type="checkbox"/> Not Exempt from compliance with the requirements of NRS 202.2483 inclusive		Do any existing health permits require deletion? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , you must fill out a <i>Notice of Business Closure</i> form.	
PERMIT TYPE			
<input type="checkbox"/> Annual Event Coordinator	<input type="checkbox"/> Childcare	<input type="checkbox"/> School	Food / Drink *Complete required fields below:
<input type="checkbox"/> Farmer Market Manager	<input type="checkbox"/> Cosmetic Manufacturer	<input type="checkbox"/> Supplement/Drug Manufacturer	*Total Square Feet:
<input type="checkbox"/> Body Art	<input type="checkbox"/> Water Store	<input type="checkbox"/> Other	*Number of Seats: *Drive Thru: YES NO
ACKNOWLEDGEMENT			
Nevada Revised Statute 446.930 requires that properly prepared plans and specifications be submitted to the Health Authority for review and approval when construction or remodeling of food and drink establishments is anticipated, and prior to the start of such work. Applications submitted for establishments after construction has begun or greater than 30 days after taking over ownership will be charged late fees as provided in the EH Fee Schedule .			
I acknowledge that I have answered all questions honestly, accurately, and completely and that I have read and understand the General Information listed above. I will comply with SNHD REGULATIONS and allow the HEALTH AUTHORITY unimpeded access to the establishment and to records as required.			
Owner/Applicant → Signature:		Owner/Applicant → Print Name:	
Owner/Applicant → Title:		→ Date:	

Electronic Submissions (Preferred)

- Applications may be submitted electronically, without an appointment, to foodrev@snhd.org
- If you are submitting a large file and would like an upload link, please call (702) 759-1258 to request one.

In-Person Submissions

If you are unable to submit your application electronically, you may schedule an appointment by calling (702) 759-1258.

Review and Invoice

The application will be reviewed to verify that all required documents have been received as specified in the *Minimum Requirements for Submission* Document (pg. 3). Once verified, an invoice for the health permit and change of permit holder will be sent to the applicant. After the invoice is paid, the application will be forwarded to an assigned inspector.

Payment of Fees

- Plan Review and Annual Health Permit fees must be paid upon receipt of the invoice.
- Plan Review Fees are not refundable.
- Fees may be paid online: www.snhd.info/eh/payment
- The Fee Schedule may be found on our website: www.snhd.info/permits-regulations
- Forms of payment accepted: Cash, Credit Cards, Business Checks (no starter checks), and Money Orders.



Final Permitting Inspection

The assigned inspector will contact the applicant within 7-14 days after payment is received to schedule an inspection. To pass the inspection, the establishment must meet *Minimum Requirements for Final Permitting Inspections* (pg. 4), all equipment must be installed and operational, and an operational inspection must result in no greater than 10 demerits.

Inspection Cancellations

Inspection cancellations must be made prior to the inspector's arrival at the facility to avoid a missed appointment fee. If the establishment does not pass a scheduled inspection, a re-inspection fee for each permit will be assessed. All fees must be paid prior to scheduling any field appointments.

Other Information

- A Change of Permit Holder does not require plan submission.
- The concept of being grandfathered is not applicable to facilities that change permit holders. Equipment and facilities are expected to be in good condition, maintained, repaired or replaced. The new operator is expected to meet the requirements of the most current regulation.
- A Change of Permit Holder that is undergoing a remodel must apply for the remodel separately and submit plans. If the scope of the remodel is extensive, the inspector may prohibit the facility from doing a Change of Ownership and may require a NEW construction permit application.
- If the establishment was taken over by the new owner while the business was operational, the business may remain operational during the transition unless the inspector determines that it is unsafe to do so. If the establishment was taken over after being closed for a period of time, the operation must remain closed during the permitting process.
- I, the undersigned, as a representative of the permit holder/applicant, have read, understand, and agree to be held to the conditions and responsibilities as provided in this document.

Owner/Applicant → Signature:		Owner/Applicant → Print Name:	
Owner/Applicant → Title:		→ Date:	

OFFICE USE:

PERMIT NAME/IDENTIFIER	RISK	SQ FT/SEATS	PR NUMBER	SR NUMBER

MINIMUM REQUIREMENTS for SUBMISSION

All businesses are required to have a City or County business license *and* a business license with the Nevada Secretary of State prior to operating. The ownership information on the health permit must match the ownership on the business license.

FOOD / DRINK

- A completed application and signed *Instructions for Submission of Plans for Review*.
- A contact person who can answer questions about the facility operation and plans.
- Proof of Ownership in the form of a Lease, Deed, or other legal document granting permission for the permit applicant to operate at the specified physical location.
- Menu – Required for establishments with open-food handling.
- Commissary Agreement – Required for establishments that are non-permanent or portable.

CHILDCARE, SCHOOLS, AND INSTITUTIONS

- A completed application and signed *Instructions for Submission of Plans for Review*.
- A contact person who can answer questions about the facility operation and plans.
- Proof of Ownership in the form of a Lease, Deed, or other legal document granting permission for the permit applicant to operate at the specified physical location.
- Menu – Required for establishments with open-food handling.

BODY ART

- A completed application and signed *Instructions for Submission of Plans for Review*.
- A contact person who can answer questions about the facility operation and plans.
- Proof of Ownership in the form of a Lease, Deed, or other legal document granting permission for the permit applicant to operate at the specified physical location.
- After Care Instructions, Patron Consent Form, Infection Control Plan, and Body Art Card
- Documentation of spore testing of all sterilizers (if applicable) within the past 30 days
- Body Art Questionnaire

HOTEL/MOTEL & DRUGS, COSMETICS, SUPPLEMENT MANUFACTURERS

- A completed application and signed *Instructions for Submission of Plans for Review*.
- A contact person who can answer questions about the facility operation and plans.
- Proof of Ownership in the form of a Lease, Deed, or other legal document granting permission for the permit applicant to operate at the specified physical location.
- A list of ingredients and lab testing if applicable.
- Drug/Cosmetic/Supplement Manufacturers are required to register with the FDA.

PLAN REVIEW MINIMUM REQUIREMENTS

PRIOR TO A FINAL PERMITTING INSPECTION, THE PERSON IN CHARGE MUST VERIFY:

- Hand sink(s) with Hot & Cold running water
- Restroom(s) operable
- Sewage disposal (floor sinks, drains, interceptor)
- Backflow protection
- Lighting & Equipment
- Approved Materials/Finishes & Outer Openings protected
- All utilities are operable
- As-built plans submitted to SNHD to include any updates
- Approvals from agencies as required (Ex: TCO/CO, Building Approval, Fire Approval, AMMR/Waiver)
- Is construction done? Are you ready for customers?

IN ADDITION, FOR EACH PERMIT TYPE VERIFY:

Food Facilities

- Additional Plumbing Requirements:
 - 3-compartment sink
 - Glass washer for satellite bars
 - Dump/Prep sinks as needed
 - Utility Sink
- Menu (All open food/beverage facilities)
- Adequate Hot/Cold holding and dry storage
- Ventilation hood over cooking equipment
- Grease interceptor in open food facilities
- PIC Knowledge and Food Handler Cards

Schools

- Restrooms within 250ft of classrooms
- Pre-K Toilet and Hand Sink Height
- Toilet and Hand Sink Ratios met
- Drinking Fountain/Water Provided
- Health Office
- Temperature of Rooms (65-85F)

Child Care

- Hand Sink & Toilet Ratio 1:15 (New/Remodel)
- Diapering Area (30" min height) w/Hand Sink
- Toilet (11" 3-5yo & 15" Kinder)
- Hand sink height (21"-26" range)
- Dump/Rinse Sink in Nursery for bottles
- Classroom Temperature (65-82F)
- Isolation Area for ill children
- Restroom-5ft impervious finish
- Drinking water available for activity areas
- Menu (if foodservice is provided)

Body Art

- 80 sq ft per workstation
- Permanently plumbed hand sink accessible within 15ft of each workstation
- Sterilization room with 2-compartment sink (New Construction/Conversion if using sterilizer)
- Written Consent & After Care Instructions
- Infection Control Plan (including proper disposal of sharps/biohazard materials)
- Staff: Health Card, Bloodborne Pathogens, CPR & First Aid

**THIS LIST IS NOT ALL INCLUSIVE
FOR ADDITIONAL REGULATORY REQUIREMENTS,
VISIT WWW.SNHD.INFO/PERMITS-REGULATIONS**