



Southern Nevada Health District, PO Box 3902,  
280 S Decatur Blvd., Las Vegas, NV 89127, (702) 759-1110

### ADDITIONAL FICTITIOUS FIRM NAMES (DBA)

This form may be used to inform SNHD of additional fictitious firm names associated with a health permit under the same business ownership. This is often referred to as a Ghost Kitchen.

**This form is not to be used for a Change of Ownership or a Change of Establishment Location**

If the location or ownership changes, a new permit must be obtained by calling (702) 759-1258. Permits are not transferable. Other restrictions and/or permits may apply.

#### I. Current Health Permit Information

Establishment Name:

Permit Number:

Street Address:

City, State, Zip:

Corporation/Owner:

Name of Contact Person:

Contact Phone Number:

Contact Email Address:

#### II. List all fictitious firm names associated with your facility:

- Mark all that apply:
- All fictitious firm names listed on this form have been filed with the Clark County Clerk and are registered under the corporation/owner listed above.
  - All fictitious firm names operate at the location listed on this form.
  - All fictitious firm names are associated with a business license as approved by the business license agency of jurisdiction.

**Email completed form to: [foodrev@snhd.org](mailto:foodrev@snhd.org) for processing**

Name:

Signature:

Title:

Date: