



Plan Review | (702) 759-1258 | FoodRev@snhd.org

PRELIMINARY QUESTIONNAIRE

I. Person in Charge Contact Information			
Name:			
Telephone Number:		Email Address:	
II. Description of Operation			
Provide a brief description of your business plan:			
Will you be selling or serving food/drink? If yes, list all items.			
What type of equipment do you have?			
Where do you plan to operate?			
How often would you like to operate?			
Have you been to business licensing? <input type="checkbox"/> YES <input type="checkbox"/> NO			
For information on business licensing, visit: http://gisgate.co.clark.nv.us/jurisdiction/index.html			
Notes:			
III. Acknowledgement			
I understand that a preliminary review meeting is not a Plan Review and that any recommendations given are based on the information that was provided during the meeting and do not constitute a formal approval.			
Print Name		Signature	