



Temporary Child Care Facility Application for Special Events

Type or print clearly – Incomplete applications will be denied

Event Information			
Name of Event:			
Event Location/Address:			
Event Date(s):		Event Hours:	

Applicant Information				
Operator Type:	Sole Proprietor D Partnership D Corporation D LLC D			
Applicant's Full Name:				
Mailing Address:				
Phone Number:				
Email Address:				
Responsible Person (if different from above):				
Responsible Person's Phone Number:				

Temporary Child Care Facility Information
Description of child care services to be provided: _____ _____ _____

Attach with application	
1. Proof of application to the appropriate licensing agency.	Initial_____
2. Floor plan or diagram of the specific area in which child care will be provided.	Initial_____
3. Sample menu of foods and beverages which will be provided.	Initial_____

Fees	
ALL PERMIT FEES ARE NONREFUNDABLE – NO EXCEPTIONS.	
Length of Event	Permit Fee
1-7 Day Event	\$268.00

Print Name and Job Title:	
Signature:	Date:

Email completed application and ALL supporting documentation to:

SpecialPrograms@snhd.org

An invoice will be created and emailed to you for payment online at

<https://www.southernnevadahealthdistrict.org>