



Southern Nevada Health District, PO Box 3902, 280 S Decatur Blvd., Las Vegas, NV 89127, (702)759-1110; fax (702)759-1425 or (702)759-1423  
Laughlin Public Health Center, EH Office, 55 Civic Way, Laughlin, NV 89029, (702) 759-1643; fax (702) 759-1477  
Mesquite Public Health Center, 830 Hafen Lane, Mesquite, NV 89027, (702) 759-1682; fax (702) 759-1473

### ESTABLISHMENT FILE UPDATE\*

Type or print clearly

This form may be used to update a permitted establishment file when changes in business name, phone number or billing address occur or if partners or corporate officers are added or deleted, **but** the business ownership remains the same.

**\*This Form is Not to be used for a Change of Ownership or a Change of Establishment Location**

If location or ownership changes a new permit must be obtained with applicable fees incurred. Permits are not transferable. Other restrictions and/or permits may apply.

#### I. CURRENT PERMIT INFORMATION

Permit Number and Name of Permit Holder: \_\_\_\_\_

Permit Holder Phone #: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

#### II. CHANGES

Complete for changes only

Establishment Name: \_\_\_\_\_

Location Phone Number: \_\_\_\_\_

Contact / Contact Phone: \_\_\_\_\_

Owner Address change: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Billing address change: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Partner/Corporate Officer: \_\_\_\_\_

Indicate if name is to be added or deleted \_\_\_\_\_

Print Name and Job Title: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_