



## 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 <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/>
Applicant's Full Name:	
Contact Phone Number:	
Mailing Address:	
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	
Make Cashier's Check or Money Order payable to: Southern Nevada Health District Personal and Business Checks NOT accepted <u>ALL PERMIT FEES ARE NONREFUNDABLE – NO EXCEPTIONS.</u>	
Length of Event	Permit Fee
1-7 Day Event	\$239.00

Print Name and Job Title:	
Signature:	Date:

Mail application, payment and ALL required documentation to:  
**SNHD EH Rancho - Special Programs, P.O. Box 3902, Las Vegas, NV 89127**  
**Phone (702) 759-0677 ▶ Fax (702) 759-1486**