



330 S. Valley View Blvd., Las Vegas, NV 89107
(702) 759-1258 | www.snhd.info

PLAN REVIEW APPLICATION

FARMERS' MARKET MANAGER AND ANNUAL EVENT COORDINATOR

OWNERSHIP INFORMATION (PERMIT HOLDER)
OWNER OF BUSINESS: (CORPORATION, PARTNERSHIP, LLC, OR SOLE PROPRIETOR)
OWNER ADDRESS: (STREET, CITY, STATE, ZIP CODE)
OWNER CONTACT INFORMATION: (PHONE NUMBER AND EMAIL ADDRESS)

BUSINESS INFORMATION (DBA)
BUSINESS NAME: (DBA OF FARMERS' MARKET)
BUSINESS ADDRESS: (STREET, CITY, STATE, ZIP CODE)
BUSINESS CONTACT INFORMATION DURING EVENT: (NAME, PHONE NUMBER, AND EMAIL ADDRESS)
DESIGNEE CONTACT IN MAIN CONTACTS ABSENCE: (NAME, PHONE NUMBER, AND EMAIL ADDRESS)

OWNER'S SIGNATURE: _____ DATE: _____

PLEASE PRINT OWNER'S NAME: _____

PLEASE CALL TO MAKE AN APPOINTMENT TO SUBMIT PLANS FOR REVIEW. 702.759.1259

PLAN REVIEW AND ANNUAL HEALTH PERMIT FEES MUST BE PAID AT THE TIME OF APPOINTMENT.

PLAN REVIEW AND HEALTH PERMIT FEES ARE NOT REFUNDABLE. NO EXCEPTIONS.

FEES ARE DETERMINED AFTER YOUR PLAN REVIEW MEETING.

FORMS OF PAYMENT: CASH, VISA, MASTERCARD, BUSINESS CHECK, OR MONEY ORDERS

FEE SCHEDULE CAN BE LOCATED AT:

<http://www.southernnevadahealthdistrict.org/download/eh/eh-fee-schedule.pdf>

OFFICE USE ONLY:	AFTER THE FACT []	REVISED PLANS []	PRELIMINARY PLANS []	BUILDING MEMO []
NOTES:				

