



333 N. Rancho Dr., Suite 450
P.O. BOX 3902, Las Vegas NV 89127
702.759.1258 | www.snhd.info

FARM-TO-FORK OPERATION REGISTRATION APPLICATION

BUSINESS INFORMATION (DBA)

BUSINESS NAME: (DBA)

BUSINESS ADDRESS: (STREET, CITY, STATE, ZIP CODE) **NUMBER OF PLANNED EVENTS for the YEAR:**
_____ **TO** _____ **(MAX 12/Calendar Year)**

BUSINESS CONTACT INFORMATION: (PHONE NUMBER AND EMAIL ADDRESS)

OWNER NAME AND ADDRESS: (STREET, CITY, STATE, ZIP CODE)

FARM-TO-FORK EVENT

I, _____ (PRINT) AM REGISTERING AS A FARM-TO-FORK EVENT OPERATION WHICH IS EXEMPT FROM THE REQUIRMENT FOR A HEALTH PERMIT PURSUANT TO NRS 446, AND I AFFIRM AND ATTEST THAT THE FOLLOWING ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

PLEASE READ AND INITIAL THE FOLLOWING:

I UNDERSTAND THAT INSPECTIONS WILL NOT BE CONDUCTED AND THAT I WILL BE SOLELY AND FULLY REPSONSIBLE FOR THE SAFETY OF THE FOOD PRODUCT SOLD AT/FROM THIS FARM-TO-FORK EVENT OPERATION. _____(INT.)

I UNDERSTAND THAT I WILL BE FINANCIALLY LIABLE FOR ANY FEES AND/OR COSTS INCURED BY THE HEALTH AUTHORITY IN REGARD TO ANY INVESTIGATION OF FOOD ADULTERATION OR FOODBORNE ILLNESS COMPLAINTS FILED AGAINST MY FARM-TO-FORK EVENT OPERATION AND FOUND TO BE VALID. _____(INT.)

I UNDERSTAND THAT FARM-TO-FORK EVENT OPERATIONS FOUND TO BE IN VIOLATION OF THE FARM-TO-FORK LAW WILL BE ISSUED AN ORDER TO "CEASE AND DESIST" FOOD OPERATIONS. _____(INT.)

I UNDERSTAND I MUST PROVIDE A NOTICE TO EACH GUEST WHICH STATES THAT "NO INSPECTION WAS CONDUCTED BY A STATE OR LOCAL HEALTH DEPARTMENT OF THE FARM OR THE FOOD TO BE CONSUMED" FOR EACH FARM-TO-FORK EVENT. _____(INT.)

I UNDERSTAND THAT I MAY ONLY HOLD TWO (2) FARM-TO-FORK EVENTS PER MONTH UNDER EXEMPT STATUS, AND MORE THAT TWO EVENTS IN ANY MONTH WILL REQUIRE THAT A HEALTH PERMIT BE APPLIED FOR AND OBTAINED FOR THAT CALENDAR YEAR _____(INT.)

I UNDERSTAND THAT FARM-TO-FORK EVENT OPERATIONS ARE LIMITED TO PRODUCE AND LIVESTOCK GROWN ON THE FARM, WITH LIVESTOCK LIMITED TO MEAT FROM POULTRY AND RABBIT. _____(INT.)

OWNER'S SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY:
 APPLICATION IS APPROVED APPLICATION IS NOT APPROVED _____ **DATE:** _____