

ANNUAL ITINERANT NOTIFICATION

VENDOR INFORMATION (PERMIT HOLDER) PLEASE FAX OR EMAIL	
NAME OF VENDOR:	PR NUMBER:
ALL DATES OF EVENT:	TIMES OF EVENT (OPEN TO CLOSE):
NAME OF EVENT:	NAME OF EVENT COORDINATOR: EVENT COORDINATOR PHONE NUMBER:
LOCATION AND FULL ADDRESS OF THE EVENT: (STREET, CITY, STATE, ZIP CODE)	

4.4 Schedule of events. The annual itinerant permit holder must provide to the Health Authority a written schedule of all Special Events and Farmers' Markets they plan to attend. **ALL EVENTS MUST HAVE PROOF OF LICENSING.** Any updates to the schedule must be provided at least two business days prior to the start of any special event and farmer's market. Failure to notify the Health Authority within the required timeframe will result in the following actions for the given permitting billing period:

4.4.1 First occurrence: written warning.

4.4.2 Second occurrence: Cease and Desist for that particular event.

4.4.3 Third occurrence: Permit suspension, including closure fee, plus a Supervisory conference.

4.4.4 Fourth occurrence: The permit holder shall be noticed to appear before the District Board of Health for consideration of revocation of their annual itinerant health permit.

SEND SCHEDULES VIA:

FAX: 702.759.1423

EMAIL: ANNUALITINERANTNOTIFICATION@SNHDMAIL.ORG

OWNER'S NAME: _____ **DATE:** _____

OWNER'S CONTACT NUMBER: _____

OWNER'S EMAIL ADDRESS: _____

