



Direct Line: (702) 759-1258

### **INSTRUCTIONS FOR SUBMISSION OF PLANS FOR REVIEW – MOBILE VENDORS/FOOD TRAILERS**

Nevada Revised Statutes, NRS 446.930, requires that properly prepared plans and specifications be submitted to the Health Authority for review and approval when construction or remodeling of food and drink establishments is anticipated, and **prior to the start of such work.**

**1. Appointments:** An appointment must be made prior to application and plan submission. *Persons making appointments with a Plan Reviewer must come prepared to discuss all aspects of the unit design and food handling, and must be empowered to make additions, deletions, or corrections to the design.* It is required that operational staff attends the meeting, **as the chef, manager, or other person familiar with the operations of the establishment.** *Third-party “plans runners” must be accompanied by a person knowledgeable about the operations of the facility and the scope of the project.*

To schedule plan review for a **completed truck**, call 702-759-1110. All others call 702-759-1258 to schedule.

**Appointments cannot be honored unless the minimum required paperwork is provided. Failure to arrive for the appointment, or failure to provide the minimum documentation upon arrival for an appointment constitutes a “missed appointment”, and a fee will be charged.**

***The minimum requirements for an appointment:***

- *A representative qualified to answer staff questions and empowered to make corrections, additions, or deletions at the meeting.*
- *A signed copy of this Instruction Sheet.*
- *A Plan Review Application signed by the legal owner of the establishment.*
- *A copy of the registration from DVM*
- *A signed copy of the lease or contract from your commissary (must have a commissary permit)*
- *Route sheet with Business License information for areas you will be operating*
- *A letter of intent which describes the menu and methods and equipment to be used for cooking, cooling, and holding of food*
- *TRUCKS-Vehicle parked in the parking lot when available (have equipment running; inspectors will take temperatures). If not available, provide photos/plans showing equipment layout and all four sides of unit.*
- *TRAILERS AND CARTS - Provide photos/plans showing equipment layout and all four sides of unit.*
- *Ability to pay all applicable fees (Cash, Visa/MasterCard [credit card and valid I.D. must match exactly] or Business Check [pre-printed address, no starter checks, no alterations]).*

**2. Food Safety Assessment Meetings:** A Food Safety Assessment Meeting may be required prior to scheduling the final inspection. The permit holder, chef, manager and/or other persons with operational knowledge of the unit must attend. The attendee(s) must bring a current menu and completed Food Establishment Operations Questionnaire to the meeting. Failure to appear or failure to demonstrate adequate food safety knowledge will result in a missed appointment fee and will delay release of the health permit.

**3. Fees:** Fees are collected at the time of application and appointment. Fees due include the fee for Plan Review as well as the first annual permit fee. SNHD bills all permits on a fiscal-year (July-June), not by anniversary date. **Fees CANNOT be PRORATED** or adjusted. An estimate of fees will be provided if requested, but the determination of final fees due cannot be made until the plans are reviewed, and the type and number of permits is determined by the assigned Plan Reviewer.

**Payment of fees does not constitute approval of plans.** A signed form will be provided following your meeting to inform you of the approval status of your plans, to provide specific corrections and/or stipulations, to list any permit conditions or limitations, and to request any additional information needed to complete your application.

**Plan review fees are only valid for one year from the date of the original submission.** Plan Review applications will be deleted from the system one year and one day from the date of application, unless the responsible party requests an extension, in writing, prior to the application anniversary date.

**4. Inspections: Requests for final permitting appointments are taken on a "first come, first served basis" ONLY. Arrangements for final inspection should be made well in advance, at least one week to two weeks prior to your planned opening date. Please plan accordingly. After-hours inspections are made for emergency situations ONLY at the discretion of management & are based on staff availability. Additional fees apply.**

**The unit must be fully functional, with water, power, gas, hot-water, equipment operational and at proper temperatures, for review by the inspector. The operator may not stock food products or open for business until after the inspections have been completed and passed and a health permit to operate has been issued.**

A re-inspection fee will be assessed if the establishment is not ready for a final inspection after scheduling, including proper food-handling knowledge. Cancellations must be made prior to the inspectors arrival at the facility. The re-inspection fee **must be paid prior to scheduling another final inspection.**

**5. Operational Restrictions for Mobile Vendors**

- **You must have a Business License for each jurisdiction you plan to operate in.**
- Except when operating at a special event, a MOBILE UNIT shall not operate from any single location for more than half an hour.
- A MOBILE UNIT may not operate later than 7:00 p.m. or half an hour after sunset, whichever occurs first, unless they are at a special event.
- A MOBILE UNIT may not sell products on a street where the posted speed limit is above 25 mph.
- A MOBILE UNIT may not operate within 250 feet of another vendor
- A MOBILE UNIT may not operate within 1,000 feet of a school less than one hour after the school's dismissal time.
- A MOBILE UNIT may not play music when parked.

**I, the undersigned, as a representative of the permit holder/applicant, understand and agree to be held to the conditions/responsibilities as provided in this document:**

Signed: \_\_\_\_\_ (Print name : \_\_\_\_\_)

Date: \_\_\_\_\_ Name of Facility: \_\_\_\_\_