

## Instructions for Submission

### *Submitting the application:*

All applications must be completed in full and fees paid before processing. The applicant is encouraged to submit their application in person or electronically. If provided in person, applications are not processed after 4 p.m. Applications submitted electronically must be received by 1:00 p.m. for online invoicing to take place.

Our office is closed on weekends and Holidays as listed on our website. These days are included in the 7 days prior to event to avoid any late fees.

### *With electronic submissions:*

1. After the application is submitted, you will receive an automated response that “Your application has been successfully submitted.”
2. The application is reviewed. Incomplete applications cannot be processed and will be rejected. If your application does not automatically send, please ensure all fields are completed. Completed applications can also be emailed to [EHFoodOpsAdmin@snhd.org](mailto:EHFoodOpsAdmin@snhd.org). Once reviewed and found to be complete, an invoice will be emailed to you for online payment at [www.snhd.info/eh/payment](http://www.snhd.info/eh/payment).
3. It is your responsibility to make payment on the invoice in a timely manner and email the receipt to SNHD:
  - Payment is expected the day of the application. The application will not be processed until payment and notification have been received. **Once invoiced, payment must be received within 3 business days or the application will need to be resubmitted.**
  - Once the invoice has been paid, it is the responsibility of the applicant to provide proof of payment by email sent to [EHFoodOpsAdmin@snhd.org](mailto:EHFoodOpsAdmin@snhd.org). Once the email is received, your application will be processed.

If you have any questions, please contact the Food Operations section at (702) 759-1110.



# TEMPORARY FOOD ESTABLISHMENT (TFE) APPLICATION FOR SPECIAL EVENT

**Incomplete Applications Shall Be Denied – Type or Print Clearly**

**Mailing Addresses:**

- SNHD, Environmental Health, PO Box 3902, Las Vegas, NV 89127
- Fed Ex & UPS: SNHD, Environmental Health, 280 S. Decatur Blvd., Las Vegas, NV 89107

**Applications submitted electronically must be received by 1:00 p.m. for online invoicing to take place.**

**Local Offices:**

- SNHD Main Office, 280 S Decatur Blvd, Las Vegas, NV 89107, (702) 759 -1110
- SNHD Laughlin Office, 55 Civic Way, Laughlin, NV 89029, (702) 759 -1643
- SNHD Mesquite Office, 150 N. Yucca St. Stes. 3 and 4,, Mesquite, NV 89027, (702) 759 -1682

**EVENT INFORMATION**

Name of Event:

Address of Event:

|       |        |           |
|-------|--------|-----------|
| City: | State: | ZIP Code: |
|-------|--------|-----------|

|                  |                    |             |                           |
|------------------|--------------------|-------------|---------------------------|
| Date(s) of Event | # of Days of Event | Start Date: | End Date (if applicable): |
|------------------|--------------------|-------------|---------------------------|

Hours of Event (Specify for each date if different):

Name of Event Coordinator:

|        |                |
|--------|----------------|
| Phone: | Email Address: |
|--------|----------------|

**APPLICANT INFORMATION**

Name of Temporary Food Establishment:

Name of Owner/Operator:

Mailing address:

|       |        |          |                |
|-------|--------|----------|----------------|
| City: | State: | ZipCode: | Email Address: |
|-------|--------|----------|----------------|

|              |               |                       |
|--------------|---------------|-----------------------|
| During Event | Contact Name: | Contact Phone Number: |
|--------------|---------------|-----------------------|

**TEMPORARY FOOD ESTABLISHMENT INFORMATION**

Time the TFE will be ready for inspection on the first day of event

|                                       |  |  |   |
|---------------------------------------|--|--|---|
| Type of Hand Wash Station (check one) | Portable Sink [ <input type="checkbox"/> ] | Gravity Fed [ <input type="checkbox"/> ] | Other: _____ [ <input type="checkbox"/> ] |
|---------------------------------------|--|--|---|

|  |  |  |   |
|--|--|--|---|
| Type of Sanitizer<br>(Bring Appropriate Test Strips) | Bleach (Chlorine) [ <input type="checkbox"/> ] | QUAT (ammonium) [ <input type="checkbox"/> ] | Other: _____ [ <input type="checkbox"/> ] |
|--|--|--|---|

|                               |  |                                 |
|-------------------------------|--|---------------------------------|
| Any Off-Site Food Preparation | Yes [ <input type="checkbox"/> ] Location: | No [ <input type="checkbox"/> ] |
|-------------------------------|--|---------------------------------|

List All Food and Beverage Items to be Prepared and Served (Attach Additional Page if Necessary)

| Food Item | Purchased From | Off-Site Prep (Y/N) | Cooking Equipment | Cold Holding Equipment | Hot Holding Equipment |
|-----------|----------------|---------------------|-------------------|------------------------|-----------------------|
|           |                |                     |                   |                        |                       |
|           |                |                     |                   |                        |                       |
|           |                |                     |                   |                        |                       |
|           |                |                     |                   |                        |                       |
|           |                |                     |                   |                        |                       |
|           |                |                     |                   |                        |                       |

**PERMIT FEE**

Step 1 – Booth Numbers and Dimensions – If you have multiple booths of different sizes, fill in a separate line for each size

| Booth Dimensions – Length x Width | # of TFE Booths of This Size | SNHD USE ONLY |
|-----------------------------------|------------------------------|---------------|
|                                   |                              |               |
|                                   |                              |               |
|                                   |                              |               |

Step 2 – Compute Fees – Please Make Cashier’s Checks & Money Orders Payable to: **Southern Nevada Health District**

**Personal and Business Checks NOT Accepted. Payment may also be made online with a credit card after you receive an Invoice. The current Environmental Health fee schedule can be found at <http://www.snhd.info/ehfoodfees>.**

**Applications MUST be RECEIVED at the office at least seven (7) calendar days PRIOR to the event or a late fee will be assessed. Late fees will be assessed at a rate of 50% of the permit fee if received with less than SEVEN DAYS NOTICE, and 100% of the permit fee if received with less than ONE BUSINESS DAY NOTICE.**

**ALL PERMIT FEES ARE NONREFUNDABLE – NO EXCEPTIONS.**

**If mailing this application, payment MUST accompany this form.**

Non-Profit organizations that provide a copy of their **FEDERAL OR STATE OF NEVADA DEPARTMENT OF TAXATION SALES/USE TAX EXEMPT STATUS LETTER** when applying are exempt from permit fees but are still required to obtain a permit. Late submission fees shall apply.

|                      |                        |                     |
|----------------------|------------------------|---------------------|
| <b>SNHD USE ONLY</b> | <b>#Booths x Fee =</b> | <b>Balance Due:</b> |
|----------------------|------------------------|---------------------|

| <b>OPERATOR RESPONSIBILITIES</b>   | <b>INITIAL</b> |
|--|----------------|
| 1. The operator is responsible for meeting all requirements as set forth in the Temporary Food Establishment Quick Reference Sheet and applicable sections of the Southern Nevada Health District Regulations Governing the Sanitation of Food Establishments. |                |
| 2. I have received a copy of the Temporary Food Establishment Quick Reference Sheet and understand that critical violations may result in the suspension or denial of the Health Permit.   |                |
| 3. I am aware that each TFE must be properly equipped and ready to operate by the time indicated, and that failure to do so may result in suspension or denial of the permit.  |                |
| 4. The applicant must contact the Southern Nevada Health District to advise of any changes or additions to this application prior to the event.  |                |
| 5. This application is for a Temporary Health Permit only. The operator is responsible for obtaining all applicable permits as required by other agencies.   |                |
| 6. Obtaining and submitting a permission letter from the property owner, if the event occurs on private property (if there is no Event Coordinator).   |                |

Applicant Name and Job Title:

|  |       |
|--|-------|
| Applicant email Address and Phone Number | Date: |
|--|-------|

|                      |                     |                       |
|----------------------|---------------------|-----------------------|
| <b>SNHD USE ONLY</b> | <b>RECEIVED BY:</b> | <b>DATE RECEIVED:</b> |
|----------------------|---------------------|-----------------------|