



333 N RANCHO, STE 450 , LAS VEGAS, NV 89127
 (702) 759-1258 | WWW.SNHD.INFO

FACILITY DESIGN ASSESSMENT PERMIT APPLICATION

OWNER CONTACT INFORMATION (PERMIT HOLDER)

Owner of Business (Sole Proprietorship, Partnership, Corporation, LLC):

Registered owner address:

City:	State:	ZIP Code:
Is this your billing address? <input type="checkbox"/> Yes	<input type="checkbox"/> No (write billing address):	
Phone:	Fax:	E-mail:
Have you applied for your Business License?	<input type="checkbox"/> Yes- which jurisdiction	<input type="checkbox"/> No <input type="checkbox"/> NA

FACILITY CONTACT INFORMATION (DBA OF BUSINESS)

Name of Business (DBA):

Facility address:

City:	State:	ZIP Code:
Telephone:	Fax:	E-mail:

AGREEMENT

1. Please call to make an appointment to submit plans for review, (702) 759-1259.
2. All appointments are held at the Southern Nevada Health District, 333 N. Rancho Dr, Ste 450, Las Vegas, NV.
3. Plan review and annual health permit fees must be paid at the time of appointment; fees are determined after plan review meeting. Fees are not refundable.
4. Plan Review Process can be located:
<http://www.southernnevadahealthdistrict.org/food-establishments/food-plan-review-directions.php>
5. Fee schedule can be located: <http://www.southernnevadahealthdistrict.org/download/eh/eh-fee-schedule.pdf>
6. Forms of payment: Cash, Visa, MasterCard, American Express, Business Check (not starter), or Money Orders

SIGNATURE OF OWNER/REPRESENTATIVE	PLEASE PRINT NAME OF OWNER/REPRESENTATIVE
SIGNATURE:	PRINT:

OFFICE USE ONLY:

AFTER THE FACT: <input type="checkbox"/>	REVISED PLANS: <input type="checkbox"/>	PRELIMINARY: <input type="checkbox"/>	BUILDING MEMO: <input type="checkbox"/>	
RISK #	PERMIT NAME	CATEGORY (SQ FT/# OF SEATS)	PR NUMBER	SR NUMBER

ALL PERMIT TYPES

Projected Date of Opening:		Hours of Operation:	
Septic Tank: (Circle one) YES NO N/A		Water Supply: (Circle one) WELL MUNI SYSTEM N/A	
# of Employees:	# of Employee Restrooms:	# of Customer Restrooms:	# of Drive Thru Windows:

FOOD-SCHOOLS-BODY ARTS-CHILDCARE ESTABLISHMENT PERMITS (CIRCLE ONE): NEW REMODEL

Check all that apply:

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Drinking Establishment	<input type="checkbox"/> Snack Bar	<input type="checkbox"/> Kitchen
<input type="checkbox"/> Market	<input type="checkbox"/> Bakery	<input type="checkbox"/> Food Processor	<input type="checkbox"/> Warehouse
<input type="checkbox"/> School	<input type="checkbox"/> Commercial Childcare	<input type="checkbox"/> Body Arts-Tattoo-BP	<input type="checkbox"/> Other

NCIAA (Nevada Clean Indoor Air Act) Affidavit: I, the applicant or duly authorized agent of the applicant, do hereby attest and affirm that the aforementioned facility is Exempt or Not Exempt from compliance with the requirements of NRS 202.2483 Inclusive.

MOBILE VENDING PERMITS

Check one of the following:

<input type="checkbox"/> Ice Cream/Candy		<input type="checkbox"/> Prepackaged Food		<input type="checkbox"/> Open Food	
Vehicle Info	Make, Model, Year:	Plate:	VIN#		
Commissary Info	Name, Address, Phone #:				

Please provide a copy of the DMV registration and a copy of commissary agreement

FARMERS' MARKET VENDOR PERMITS

Check one of the following:

<input type="checkbox"/> Sampling	<input type="checkbox"/> Processed Produce	<input type="checkbox"/> Low Risk	<input type="checkbox"/> High Risk	<input type="checkbox"/> Natural State
Commissary Info (if applicable)	Name, Address, Phone #:			

Please provide a copy of commissary agreement (if applicable)

ANNUAL ITINERANT PERMITS

Check one of the following:	<input type="checkbox"/> Low Risk	<input type="checkbox"/> High Risk
Commissary Info	Name, Address, Phone #:	

Please provide a copy of commissary agreement

SEASONAL HEALTH PERMITS

Name of Seasonal:	# of Months:	Dates of Permit:
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Commissary Info	Name, Address, Phone #:	

Please provide a copy of commissary agreement and lease agreement with property owner including restroom accessibility