



CHANGE OF OWNERSHIP INSTRUCTIONS – AQUATIC HEALTH PROGRAM

Direct Line: (702) 759-0571

A Change of Ownership (COO) applicant may remain in operation while taking over a functioning pool or spa under the following circumstances:

- The previous owner's permit is in good standing (no active closures, suspensions, or revocations)
- The application for COO is made within 30 days of the start date reflected on the lease or execution date of the sale documents
- No major remodeling has taken place within the permitted area including the restrooms
- The applicant calls and obtains an inspection within 30 days of the date of application, and passes that inspection – **failure will result in closure with fees**

A facility that has closed or was closed prior to the COO taking place must remain closed until inspected and approved. A facility that was closed at the time of lease or purchase and does not have a current health permit in good standing (closed, with fees not paid for current year) must apply as a NEW establishment (not eligible for COO).

A facility undergoing major renovation or remodeling is not eligible for a COO – must apply as a NEW establishment.

Appointments:

1. An appointment must be made prior to application for COO. Persons making appointments must come prepared to discuss all aspects of the new permit. **All appointments are currently being held at the Southern Nevada Health District Main Facility, 330 S. Valley View Blvd., Las Vegas, NV 89107.**
2. **If appointment is missed without a cancellation, a fee for missed appointment will be charged before another appointment will be scheduled.**
3. A COO application must be made and all applicable fees paid at the time of appointment and application submission. All necessary paperwork must be presented for review at the time of the appointment.
4. **Appointments cannot be honored unless the minimum required paperwork is submitted. 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 COO Application signed by the legal owner of the establishment**
 - a signed copy for our files of proof of ownership in the form of a lease agreement, Bill-of-Sale, or other legal document**
 - 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])**



5. Payment of fees does **NOT** constitute ***approval of permit to operate***. You must call for an inspection with 30 days of application to make an appointment for an initial permitting inspection – failure to do may result in a spontaneous inspection and possible closure.
6. ***Arrangements for final inspection must be made at least 72 hours (three working days) in advance of the final inspection.***
7. Appointments will be scheduled as soon as possible given the assigned staff workload on a “first-come, first served basis”. After hours inspections may be offered at the discretion and availability of the assigned staff member and additional fees will be charged.
8. ***Fees are only valid for one year from the date of the original submission.*** COO applications will be deleted from the system one year and one day from the date of application, unless the responsible party requests in writing, prior to the application anniversary date, that the application be extended for one year.
9. A re-inspection fee, per permit, will be assessed if the establishment is not ready for a final inspection after scheduling a final inspection. Cancellation must be made prior to staff arrival at the facility. ***The re-inspection fee must be paid prior to scheduling another final inspection.***
10. ***Establishments that are closed pending inspection may not open for bathers*** until after the inspections have been completed, establishment is compliant, and a health permit to operate has been issued.
11. The owner or representative of the owner must contact all programs relevant to your project within this agency separately, e.g. Individual Sewage Disposal System, Business License, Fire Department, Public Water, Underground Storage tank, Childcare, Schools etc.

I, the undersigned, understand that the function and operation of the public pool or spa is solely my responsibility.

Signature

Date

Printed Name

Facility Name



CHANGE OF OWNERSHIP APPLICATION – AQUATIC HEALTH PROGRAM

An annual health permit fee and a one-time change of ownership fee must be paid at the time of application per health permit. Application must be made in person at 330 Valley View, Las Vegas, NV 89017. A signed Bill-of-Sale or Lease Agreement for the new owner will be required. No Purchase Agreements will be accepted. A representative for the new owner may make application for the change of ownership on his or her behalf.

OWNERSHIP INFORMATION (PERMIT HOLDER)			
OWNER OF BUSINESS: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> SOLE PROPRIETOR			
OWNER ADDRESS:			
STREET	CITY	STATE	ZIP CODE
OWNER CONTACT INFORMATION:			
PHONE NUMBER		EMAIL ADDRESS	
LOCATION INFORMATION			
FACILITY NAME:			
FACILITY ADDRESS:			
STREET	CITY	STATE	ZIP CODE
FACILITY CONTACT INFORMATION:			
PHONE NUMBER		EMAIL ADDRESS	CONTACT PERSON
BILLING INFORMATION			
BILLING SENT TO: (CHECK ONE)			
<input type="checkbox"/> OWNER ADDRESS	<input type="checkbox"/> LOCATION ADDRESS	<input type="checkbox"/> OTHER ADDRESS (provide)	
FACILITY INFORMATION			
IS THE FACILITY CURRENTLY OPEN AND OPERATING: <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF NO FACILITY MUST REMAIN CLOSED UNTIL INSPECTED AND APPROVED TO OPERATE)</small>		HOURS OF OPERATION: OPEN CLOSE	
ARE OWNERSHIP DOCUMENTS MORE THAN 30 DAYS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF YES, LATE FEES APPLY)</small>			
IS ESTABLISHMENT UNDER REMODEL? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF YES NEW PLAN REVIEW FOR REMODEL IS REQUIRED)</small>			
SEPTIC TANK: <input type="checkbox"/> YES <input type="checkbox"/> NO	WATER SUPPLY: (CHECK ONE) <input type="checkbox"/> WELL <input type="checkbox"/> MUNICIPLE SYSTEM <input type="checkbox"/> NOT APPLICABLE		
NUMBER OF RESTROOMS:		NUMBER OF LIFEGUARDS:	

OWNER SIGNATURE

DATE

PLEASE PRINT OWNER'S NAME