

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@snhdmail.org. Once reviewed and found to be complete, an invoice will be emailed to you for online payment at 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@snhdmail.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 Address for Non-Local Applicants Only:

- SNHD, Environmental Health, PO Box 3902, Las Vegas, NV 89127
- **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, 830 Hafen Lane, Mesquite, NV 89027, (702) 759 -1682

EVENT INFORMATION

Name of Event:

Address of Event:

City:	State:	ZIP Code:
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Date(s) of Event	# of Days of Event	Start Date:	End Date (if applicable):
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Hours of Event (Specify for each date if different):

Name of Event Coordinator:

Phone:	Email Address:
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APPLICANT INFORMATION

Name of Temporary Food Establishment:

Name of Owner/Operator:

Mailing address:

City:	State:	ZipCode:	Email Address:
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During Event	Contact Name:	Contact Phone Number:
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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"/>]
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Type of Sanitizer (Bring Appropriate Test Strips)	Bleach (Chlorine) [<input type="checkbox"/>]	QUAT (ammonium) [<input type="checkbox"/>]	Other: _____ [<input type="checkbox"/>]
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Any Off-Site Food Preparation	Yes [<input type="checkbox"/>] Location:	No [<input type="checkbox"/>]
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List All Food and Beverage Items to be Prepared and Served (Attach Additional Page if Necessary)

Food Item	Source	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.**

Applications **MUST** be **RECEIVED** at the office at least seven (7) calendar days **PRIOR** to the event or a late fee will be assessed. **ALL PERMIT FEES ARE NONREFUNDABLE – NO EXCEPTIONS.** If mailing this application, payment **MUST** accompany this form.

Length of Event	Permit Fee	Late Permit Fee	Late Permit Fee with Less than ONE BUSINESS DAY NOTICE
1-5 Day Event	\$131.00 per unit	\$66.00 per unit	\$131.00 per unit
6-10 Day Event	\$160.00 per unit	\$79.00 per unit	\$160.00 per unit
11-14 Day Event	\$198.00 per unit	\$99.00 per unit	\$198.00 per unit
Non-Profits	EXEMPT	\$66.00 per unit	\$132.00 per unit

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.

SNHD USE ONLY	#Booths x Fee =	Balance Due:
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OPERATOR RESPONSIBILITIES	INITIAL
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:
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SNHD USE ONLY	RECEIVED BY:	DATE RECEIVED:
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