

STATE OF NEVADA
 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
 REGULATORY AND PLANNING SERVICES
 ENVIRONMENTAL HEALTH SECTION
www.dpbh.nv.gov
APPLICATION FOR A LABEL REVIEW



Check One:

- Bottled Water Distributor
 Food Retail/Processing Establishment
 Dietary Supplements
 Certificate of Free Sale
 Cosmetic Manufacturer
 Drug Manufacturer

APPLICANT INFORMATION	
Applicant's Name	
Name of Establishment	
Address	
Phone	
E-mail Address	

COMPANY NAME OF THE PRODUCT	
Contact Name	
Name of Distributor	
Address	
Phone	
E-mail Address	

Products to be Produced (Add additional pages if necessary)		
Name of Food Product	Weight/Size	Has this label been FDA Approved
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Instructions for label submission:

- 1) A complete set of original labels - including front, back and any other labels affixed to the container.
- 2) Label must be legible.
- 3) Attach labels to this application
- 4) Add additional pages if necessary for all labels to be reviewed.

Label Review Application Type	Fees
Bottled Water Distributor, Food Retail/Processing Establishment, Dietary Supplements, Cosmetics, Drugs, Certificates of Free Sale	\$83.00
<i>Note: Limit 5 per application</i>	

Name of Applicant	Title of Applicant	Date