

STATE OF NEVADA
 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
 COMMUNITY SERVICES
 ENVIRONMENTAL HEALTH SECTION
www.dpbh.nv.gov



APPLICATION FOR A FARM-TO-FORK REGISTRATION

OFFICE LOCATION	ADDRESS	PHONE	FAX
<input type="checkbox"/> EHS – (Main) Carson City, Virginia City	4150 Technology Way, Suite 101 Carson City, NV 89706	(775) 687-7533	(775) 687-7551
<input type="checkbox"/> EHS – Winnemucca, Lovelock, McDermitt	475 W. Haskell Street, Suite 38 Winnemucca, NV 8944	(775) 623-6588	(775) 623-6528
<input type="checkbox"/> EHS – Elko, Battle Mountain, Crescent Val., W. Wendover	1020 Ruby Vista Dr., Suite 103 Elko NV 89803	(775) 753-1138	(775) 753-1140
<input type="checkbox"/> EHS – Fallon, Hawthorne, Austin, Tonopah	485 West B Street, Suite 103 Fallon, NV 89406	(775) 423-2281	(775) 423-3865
<input type="checkbox"/> EHS – Ely, Eureka, Pioche, Caliente	725 Avenue "K" P.O. Box Ely, NV 89315	(775) 289-3325	(775) 289-6935
<input type="checkbox"/> EHS – Las Vegas, Pahrump & Beatty	2080 E. Flamingo, Suite 319 Las Vegas, NV 89119	(702) 486-5068	(702) 486-5024

<input type="checkbox"/> New Business Date:	<input type="checkbox"/> Information Change Date:
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OWNER INFORMATION					
Owner Name					
Owner Address					
City		State:		Zip:	
Home Phone	Business Phone:		Fax:		
Mobile Phone				E-Mail Address:	
Mailing Address					
City		State:		Zip:	
FARM TO FORK INFORMATION					
Facility Name					
Location of Preparation/Farm					
Bus Lic Reg. #					

I, _____ (PRINT) am registering as a Farm-to-Fork Event Operation which is exempt from the requirement for a health permit pursuant to NRS 446, and understand the following conditions:

- I understand that inspections will not be conducted and that I will be solely responsible for the safety of the food sold at Farm-to-Fork Events.
- I understand that each guest must be provided with a notice which states that no inspection was conducted by state or local health officials of the farm or the food to be consumed.
- I understand that a farm which has more than two (2) Farm-to-Fork events a month becomes a food establishment for the remainder of the year and is subject to all the requirements of NRS 446.
- I understand that I will be financially liable for any fees and/or costs incurred by the Health Authority in regard to any investigation of food adulteration or foodborne illness complaints filed against my Farm-to-Fork Events found to be valid.

Signature of Applicant	Print Name	Date

FOR OFFICIAL USE ONLY
Conditions of Permit:
Environmental Health Specialist approval of registration: (EHS Staff Must Review Application for Accuracy Prior to Submittal)
Signature..... Date