


<p>STATE OF NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH ENVIRONMENTAL HEALTH SECTION www.dpbh.nv.gov</p> <p>APPLICATION FOR A TEMPORARY FOOD ESTABLISHMENT PERMIT</p> <p style="text-align: center;">BURNING MAN ONLY</p>		<p style="text-align: center;">Burning Man Permit Number:</p> <p>PE-34- _____</p> <p>Letter Sent: _____</p>
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Please submit your fully completed application and fees by: August 16, 2016 to:
 Division of Public and Behavioral Health, Environmental Health Section, 475 West Haskell Street, Suite 38 Winnemucca, NV 89445

INCOMPLETE OR ILLEGIBLE APPLICATIONS MAY BE DENIED PLEASE TYPE OR PRINT CLEARLY. APPLICATIONS SUBMITTED WITHOUT THE FEE OR SUBMITTED LATE WILL NOT BE ISSUED. TEMPORARY EVENT FEE IS \$50.00 (USD) – MAKE CHECK PAYABLE TO DIVISION OF PUBLIC AND BEHAVIORAL HEALTH. IF YOU HAVE A FOREIGN ADDRESS INCLUDE “USD” ON YOUR CHECK.

BEFORE SETTING UP FOR FOOD SERVICE YOU MUST CHECK IN AT PLAYA INFO TO RETRIEVE YOUR OFFICIAL HEALTH PERMIT AND VERIFY THE LOCATION OF YOUR CAMP.

NAME OF INDIVIDUAL APPLYING FOR PERMIT									
Applicant Name									
Applicant Mailing Street Address									
City, State, Zip	City		State		Zip				
Applicant Phone									
Applicant E-mail Address									
NAME OF PERSON IN CHARGE OF CAMP FOOD SERVICE FOR PERMIT <input type="checkbox"/> Same as Applicant									
Person in Charge (PIC)/Operator Name									
PIC/Operator Mailing Address									
City, State, Zip	City		State		Zip				
PIC/Operator Phone									
PIC/Operator E-Mail									
NAME OF “SECONDARY CONTACT” INDIVIDUAL IN CHARGE OF CAMP FOOD SERVICE FOR PERMIT (REQUIRED)									
Secondary Contact for Food Service									
Secondary’s Address									
Secondary’s Phone									
Secondary’s E-Mail									
CAMP INFORMATION									
Name of camp									
Are you a registered theme camp? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Name of theme camp									
Location of camp (Include cross Streets)									
FOOD PREPARATION AND SERVING TIMES									
You will be inspected during the time frames indicated below. Be present at your campsite at these times for inspection.									
Pre Event Days (Date/Time)									
Food Service Date:									
Day:	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Food Prep Time:									
Food Service Time:									
Post Event Days (Date/Time)									

List ALL menu items including beverages you plan to serve and describe the equipment you plan to use.
Attach additional pages if necessary.

Food Item to be Served	Source*	Cooking Equipment On Site	Cold Holding Equipment On Site	Hot Holding Equipment On Site

*Source means: The name of the establishment where the food was prepared or the ingredients purchased.

FOOD SERVICE INFORMATION

Are you serving foods that will be prepared off-site? Yes No
 Is this off-site location a permitted food establishment? Yes No
 Location of food prepared off-site: _____
 If foods are prepared off-site a copy of the health permit has been attached to this application. Yes No

OFF-SITE FOOD SOURCE: Specify in detail where off-site foods are coming from, the date and time you will pick up those foods and the method of maintaining both hot and cold temperatures during transportation to the event. Be prepared to provide a copy of the current permit for the food establishment. Be advised that receipts for proof of purchase may be requested and must be on-site if the inspector requests to see them. Add more pages if necessary.
 *Source means: The name of the establishment where the food was prepared or the ingredients purchased.

OFF-SITE FOOD SOURCE			
Food	Source*	Pick up Time	Temperature Control Method

REQUIRED FOOD SERVICE EQUIPMENT

By checking the box next to the listed piece of required equipment, you are agreeing to provide these items at your booth.

<i>Check</i>	FOOD SERVICE	<i>Check</i>	DISHWASHING	<i>Check</i>	HANDWASHING STATION
<input type="checkbox"/>	Stem Thermometer (0-220°F)	<input type="checkbox"/>	3 dishwashing basins	<input type="checkbox"/>	Clean Water Dispenser
<input type="checkbox"/>	Serving Utensils	<input type="checkbox"/>	waste water buckets	<input type="checkbox"/>	Pump Style Hand Soap
<input type="checkbox"/>	Disposable Gloves	<input type="checkbox"/>	Sanitizer (Bleach/Quat)	<input type="checkbox"/>	Paper towels
<input type="checkbox"/>	Cooling Units (Coolers, Refrigeration)	<input type="checkbox"/>	Test Strips (Chlorine/Quat)	<input type="checkbox"/>	Waste Water Bucket
<input type="checkbox"/>	Wiping Cloths/Paper Towels	<input type="checkbox"/>	Clean Potable Water		
<input type="checkbox"/>	Wiping Cloth Buckets	<input type="checkbox"/>	Dish Soap		
<input type="checkbox"/>	Tables				

If you do not plan on bringing the above equipment, justify why you will not need the required equipment:

POTABLE WATER

DESCRIBE POTABLE WATER SOURCE: Who is providing potable water for the camp food service area? (City Water, Private Home MECO Vendor)

DESCRIBE HOW WILL WASTE WATER BE HANDLED

HANDWASHING INFORMATION (REQUIRED)

DESCRIBE HANDWASH UNIT: *(Clean water dispenser must have hand-free spigot to provide free flowing water)*

SOLID WASTE AND WASTE WATER HANDLING

DESCRIBE HOW WILL TRASH AND SOLID WASTE BE HANDLED:

I, _____ (PRINT) self-attest that my Burning Man food operation will comply with all the applicable regulations pursuant to NRS and NAC 446 – Food and Drink Establishments, and understand the following conditions:

- I understand that I must have a hand washing station set up before food is prepared or served.
- I understand hands must be washed prior to food handling for food service;
- I understand that I must NOT allow bare hand contact with a ready-to-eat food by use of gloves, tongs, or food grade tissue;
- I understand that I am not allowed to dump water of any kind onto the playa as per Burning Man and BLM Regulations;
- I understand that the conditions of my permit are in full force whether the health division inspects my booth or not;
- I understand that food handlers must be in good health and use good hygiene before handling food;
- I understand that I am responsible for the protection of the public health and prevention of foodborne illness in my food service operation;
- I have received a copy of the temporary event self-inspection sheet and agree to complete a self-inspection. I will retain a copy of that self-inspection sheet and provide it to my inspector for review;
- I will have read and understand the Burning Man Food Safety Requirements;
- I understand that critical violations of the requirements of NAC chapter 446 may result in suspension of my permit and closure of my temporary food establishment;
- I understand that failure to follow the menu as listed, properly equip my booth and have my booth ready for inspection may result in closure;
- I have enclosed with my application, a \$50.00 (USD) permit fee. Fees paid will not be refunded for failure to obtain approval or voluntary withdrawal.

Signature of Applicant	Print Name	Date