

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



**APPLICATION FOR A TEMPORARY FOOD ESTABLISHMENT PERMIT
 EVENT COORDINATOR PERMIT FOR SPECIAL EVENTS**

INCOMPLETE OR ILLEGIBLE APPLICATIONS MAY BE DENIED PLEASE TYPE OR PRINT CLEARLY

THIS APPLICATION MUST BE COMPLETED AT LEAST 7 DAYS PRIOR TO THE START OF THE EVENT SO DIVISION STAFF CAN PLAN FOR INSPECTIONS. THIS APPLIES IF YOU ARE TAKING OUT INDIVIDUAL VENDOR PERMITS AS WELL.

SPECIAL EVENT INFORMATION		
Name of Special Event		
Location of Event		
Start Date		Start Time:
End Date		End Time
Number of Vendors Anticipated		
No. Indoor Vendors		
No. Outdoor Vendors		
Anticipated Time of Set Up (First Day)		
EVENT COORDINATOR INFORMATION		
<i>Indicate which person will be in charge at the time of the event</i>		
Event Coordinator Name		
Address:		
Phone		Cell
Email	Secondary E-Mail	
Secondary Event Coordinator Name		
Secondary Address:		
Secondary Phone		Secondary Cell
Secondary Email	Secondary E-Mail	

PROVIDE THE FOLLOWING INFORMATION REGARDING YOUR PLANS FOR SUPPORT SERVICES AT YOUR EVENT

TOILET FACILITIES	
Plumbed Restrooms and Hand Sink Information	
Plumbed Toilets (#)	
Plumbed Hand sinks (#)	
Service Provider	Name:
	Contact:
	Address
	Phone:
Portable Restrooms and Hand Sink Information	
Portable Toilets (#)	
Portable Hand Sinks (#)	
Service Provider	Name:
	Contact:
	Address
	Phone:

Public Works Services Information	
Will potable water be available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location:
Will an electrical source be available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location:
How will Trash be handled?	Describe:
Who is responsible for final clean-up of event area?	Contact:

Support Services Information	
Are you providing cold storage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location:
	Contact:
Are you providing a commissary? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location:
	Contact:
Will you have an ice service or vendor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location:
	Contact:
Will you have a dish wash area? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location:
	Contact:

Food and Beverage Vendors for Special Event

Add additional pages if necessary

Booth Name	Contact Name	Phone	General Menu Item(s)

I, _____ (PRINT) self-attest that my Special Event will comply with all the flowing regulations for a health permit pursuant to NRS and NAC 446, and understand the following conditions:

- I have provided each of my vendors a copy of the temporary food establishment application packet and agree to see that they complete the packet at least 48 hours prior to the start of my event and obtain proper permits prior to setting up the temporary food establishment and/or health division inspection.
- I understand that critical violations of the requirements of NAC chapter 446 may result in suspension of vendor’s permits and closures of temporary food establishments.
- I understand that failure to have my vendors and this event ready for inspection may result in closure or a delayed start time.
- I agree to assist the health division in removing unpermitted and/or non-compliant vendors from the premises of the event.

Signature of Applicant	Print Name	Date

FOR OFFICIAL USE ONLY

Date Submitted:	Received by:	Date Inspected:	Inspected by:
Conditions of Permit:			
Environmental Health Specialist Approval for Permit: (EHS Staff Must Review Application for Accuracy Prior to Submittal)			
Signature.....		Date	