

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



Permit No: _____
 Date Issued _____
 Expiration Date _____

**SUPPLEMENTAL APPLICATION FOR
 FOOD ESTABLISHMENT PERMIT**

Food Establishment Type (Check as many as apply):

- | | |
|---|---|
| <input type="checkbox"/> Food Establishment – Restaurant
<input type="checkbox"/> Food Establishment – Bar/Service Bar
<input type="checkbox"/> Food Establishment – Catering
<input type="checkbox"/> Food Establishment – Snack Bar/Concession
<input type="checkbox"/> Food Establishment – Mobile Units
<input type="checkbox"/> Food Establishment – Service Depot/Area
<input type="checkbox"/> Food Establishment – Bed & Breakfast
<input type="checkbox"/> Food Establishment – Portable Food Unit/Buffer
<input type="checkbox"/> Food Establishment – Correctional Facility
<input type="checkbox"/> Food Establishment – School Kitchen
<input type="checkbox"/> Food Establishment – Retail Warehouse
<input type="checkbox"/> Food Supporting Facilities – Barbeque
<input type="checkbox"/> Food Supporting Facilities – For Special Kitchen
<input type="checkbox"/> Food Supporting Facilities – Portable Bar Unit (Each) | <input type="checkbox"/> Food Market – Packaged Foods
<input type="checkbox"/> Food Market – Deli
<input type="checkbox"/> Food Market – Produce
<input type="checkbox"/> Food Market – Meat
<input type="checkbox"/> Food Market – Seafood
<input type="checkbox"/> Food Market – Bakery
<input type="checkbox"/> Manufactured Food – GMP
<input type="checkbox"/> Manufactured Food – Acidified
<input type="checkbox"/> Manufactured Food – Aseptic
<input type="checkbox"/> Manufactured Food – Low Acid Canned
<input type="checkbox"/> Manufactured Food – Meat/Poultry
<input type="checkbox"/> Manufactured Food – Juice
<input type="checkbox"/> Manufactured Food – Supplements
<input type="checkbox"/> Manufactured Food – Warehouse |
|---|---|

Previous Name of Establishment:	
New Name of Establishment:	

Facility Information

<input type="checkbox"/> New Construction Date:	<input type="checkbox"/> Remodel Date:	<input type="checkbox"/> Ownership Change Date:
Number of Seats:	Square Feet:	No. of Service Windows:

Hours of Operation:

Open: <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal (if seasonal)		Date Open:		Date Close:			
Hours of Operation	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Other Facility Activities:

Take Out: <input type="checkbox"/> Yes <input type="checkbox"/> No	Off-Site Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No	Catering: <input type="checkbox"/> Yes <input type="checkbox"/> No	Temporary Events: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Mobile Unit:

Unit Type: <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Trailer <input type="checkbox"/> Other (Specify):			
Vehicle Make:	Model:	Year:	
Color:	License Plate #:	State:	VIN#

You are responsible for contacting the Environmental Health Section whenever there is a change of operator/ownership. You must contact us if you are remodeling the facility. Changes in your menu or foods offered for sale that necessitate a change of equipment or additional square footage or seating must be approved prior to making changes to your establishment. Plans must be submitted before construction begins.

Signature of Applicant	Print Name	Date

FOR OFFICIAL USE ONLY

Permit Fee:	Date Paid:	Check No.	Receipt No.
Plan Review Fee:	Date Paid:	Check No.	Receipt No.
Plan(s) Received:	Plan Review No.	Other Fee:	Other Fee:

Conditions of Permit:

Environmental Health Specialist Approval for Permit: (EHS Staff Must Review Application for Accuracy Prior to Submittal)

Signature..... Date