

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



APPLICATION FOR A PERMIT TO OPERATE

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

BUSINESS INFORMATION

New Business Date: _____
 Ownership Change Date: _____
 Information Change Date: _____

Type of Ownership: Sole Proprietor Partnership Corporation LLC Other:

CHECK ALL THAT APPLY

- | | | |
|--|---|---|
| <input type="checkbox"/> Food Establishment | <input type="checkbox"/> Public Bathing Places | <input type="checkbox"/> Labor Camp |
| <input type="checkbox"/> Bottled Water Distributor | <input type="checkbox"/> Drug Manufacturer | <input type="checkbox"/> Camping Spaces/RV Parks |
| <input type="checkbox"/> Shellfish Distributor | <input type="checkbox"/> Cosmetics Manufacturer | <input type="checkbox"/> Septic Tank Pumping Contractor |

OWNER INFORMATION

Owner Name			
Owner Address			
City	State	Zip	
Home Phone	Business Phone	Fax	
Partner/Corp Name			
Care Of	E-Mail Address		
Mailing Address			
City	State	Zip	

FACILITY/BUSINESS INFORMATION

Facility Name			
Bus Lic Reg. #			
Address			
City	State	Zip	
Bus. Phone	Alternate Phone	Fax:	
Care of	E-Mail Address		
Mailing Address			
City	State	Zip	

BILLING INFORMATION

Mailing address for invoice to renew annual permit: Owners Address Owners Mailing Address Facility Address Facility Mailing Address Other

Address			
City	State	Zip	

NAME ON PERMIT

Name on Permit	Title	
Contact No.	Contact No.	

Permits are not transferable. Approval of this application and issuance of an Environmental Health Permit is required before commencing operation. Failure to obtain both may result in closure. The undersigned applicant agrees to operate in accordance with all applicable state laws.

Signature of Applicant	Print Name	Date