

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

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

**Please submit temporary food establishment permits a minimum of 48 hours before the start of the event.
 Applications that are not submitted a full 24 hours in advance will not be accepted.**

TEMPORARY FOOD ESTABLISHMENT FEE SCHEDULE	
Temporary Food Establishment-Per Unit	\$50.00
For A Temporary Food Establishment, Which Is Operated By A Religious, Charitable Or Other Non-Profit Organization, If The Sale Of Food From The Establishment Occurs Off The Premises Of The Organization	\$25.00

Operator Information			
Booth Owner or Operator			
Address of Operator			
Phone # of Operator		E-Mail	
Person in Charge of Booth		Phone:	
Name of Booth			
Date(s) Of Event			
Hours of Operation			
Booth Set Up/Inspection Ready			
Temporary Food Establishment Information			
Name Of Special Event			
Location And Address Of Event			
Event Coordinator Name			
Phone Number			

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

- I understand that I am responsible for complying with applicable provisions of Nevada Administrative Code Chapter 446, food and drink establishments
- I have received a copy of the temporary food establishment self-inspection sheet and agree to complete the self-inspection prior to my health division inspection and retain it for my inspector's review.
- I understand that critical violations of the requirements of NAC chapter 446 may result in suspension of my permit and closures of 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.

Signature of Applicant	Print Name	Date

FOR OFFICIAL USE ONLY			
Permit Fee:	Date Paid:	Check No. <input type="checkbox"/> Cash	Receipt No.
Permit No.:			
Environmental Health Specialist Approval for Permit: (EHS Staff Must Review Application for Accuracy Prior to Submittal)			
Signature.....		Date.....	

Be advised that NAC Chapter 446 requires all food served to be prepared in a licensed food establishment. Be prepared to provide your inspector with a copy of the food establishment's current health permit.

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: _____

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 advised that receipts for proof of purchase may be requested and must be on-site if the inspector requests to see them. Be prepared to provide a copy of the current permit for the food establishment.

Food	Source*	Pick up Time	Temperature Control Method

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

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*	Off-Site Prep yes/no	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*