

STATE OF NEVADA  
 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
 COMMUNITY SERVICES - ENVIRONMENTAL HEALTH SECTION  
[www.dpbh.nv.gov](http://www.dpbh.nv.gov)



Permit No: \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

**SUPPLEMENTAL APPLICATION FOR SHELLFISH CERTIFICATE**

**Business Information**

Previous Name if Applicable	
Name of Business	
Address of Business	
Telephone Business	
Responsible Agent if other than owner	
Address of Agent	
Telephone of Agent	
Sanitation Manager Contact	
Telephone	
E-Mail Address	

**Application Type**

New Date: \_\_\_\_\_  Renewal Date: \_\_\_\_\_

Nevada Shellfish Permit #	
Certificate No	
Type of shellfish: (Check as many as apply)	<input type="checkbox"/> Oysters <input type="checkbox"/> Clams <input type="checkbox"/> Mussels <input type="checkbox"/> Scallops
Will any shellfish be held in wet storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will any shellfish leave the state?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Type of shellfish: (Check as many as apply)**

<input type="checkbox"/> shellfish is stored and distributed in original containers	
<input type="checkbox"/> shellfish are depurated	<input type="checkbox"/> shucked shellfish are repackaged from larger to smaller containers
<input type="checkbox"/> shellfish are shucked	<input type="checkbox"/> shellstock is harvested and distributed
<input type="checkbox"/> shellfish are heat shocked	<input type="checkbox"/> shellstock is repackaged from larger to smaller containers

**Other Health Permit Information: Do you have a health permit in one of these jurisdictions?**

Jurisdiction	Permit Number	Expiration Date
<input type="checkbox"/> Carson City or Douglas County – Carson City Health and Human Services		
<input type="checkbox"/> Washoe County – Washoe County District Health Department		
<input type="checkbox"/> Clark County – Southern Nevada Health District		

*You are responsible for contacting the Environmental Health Section whenever there is a change of operator/ownership. You must contact is if you are remodeling the facility. Changes in your food offered for sale that necessitates a change of equipment or additional square footage 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.
HACCP Plan 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:

Nevada Shellfish Distributor Registration No.:

Conditions of Permit:

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

Signature..... Date .....