

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



Permit No: _____
 Date Issued _____
 Expiration Date _____

PERMIT TO OPERATE A TEMPORARY MASS GATHERING

BUSINESS INFORMATION

Name of Applicant	
Applicant is a	<input type="checkbox"/> An individual <input type="checkbox"/> Firm or Corporation <input type="checkbox"/> Partnership (Attach names and addresses of all partners)
Address of Applicant	
Applicant Telephone	
Responsible Agent if other than Applicant	
Address of Agent	
Telephone of Agent	

TEMPORARY MASS GATHERING INFORMATION

Name of Event	
Physical Location of Event	
Description of Temporary Mass Gathering	

EVENT COORDINATOR INFORMATION

Event Coordinator Name			
Address:			
Phone		Cell	
Email		Secondary E-Mail	

I verify that the following documents have been included as part of this application:	Initial
1. The site plan of the mass gathering event.	
2. The location, types and number of toilet facilities and facilities for hand washing.	
3. The location and a description of each water station and the source of the water for each station.	
4. The location and identity of each food establishment, including each temporary food establishment, and the type of food to be served at each establishment	
5. The location, types and number of containers for the collection or storage of solid waste and the name of the provider of the containers.	
6. The location of the headquarters of the operator.	
7. The name, number and headquarters of each septic tank pumping operator.	

HOURS OF OPERATION

Date Open: _____	Date Close: _____						
Hours of Operation	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
No. of Persons Expected Daily							

I CERTIFY THAT THE INFORMATION CONTAINED HERE IS TRUE AND CORRECT

Signature of Applicant	Print Name	Date

FOR OFFICIAL USE ONLY

Permit Fee	Date Paid:	Check No.	Receipt No.
Conditions of Permit:			
Environmental Health Specialist Approval for Permit: (EHS Staff Must Review Application for Accuracy Prior to Submittal)			
Signature..... Date			