

STATE OF NEVADA
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
ENVIRONMENTAL HEALTH SECTION
www.dpbh.nv.gov
**SUPPLEMENTAL APPLICATION FOR
COSMETIC MANUFACTURING PERMIT**



Business Information							
Name of Business							
Address of Business							
Contact Name							
Telephone							
Responsible Agent if other than owner							
Address							
Telephone							
Previous Name of Establishment							
FDA Registration Number (If applicable)							
Facility Information							
<input type="checkbox"/> New Construction Date:	<input type="checkbox"/> Remodel Date:			<input type="checkbox"/> Ownership Change Date:			
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
List below the officers, directors and managers: (Attach additional sheets if necessary)							
Name (s)				Title			
Address				Telephone			
List below the key personnel and their qualifications for manufacturing and quality control. (Attach additional sheets if necessary)							
Name (s)				Title			
Address				Telephone			
Qualifications							

An applicant for a license to manufacture a cosmetic(s) must submit to the Commissioner for examination and approval, the following documents:

Included with application are:	Yes	No
The formula for the cosmetic and all its components		
The procedures to be used in processing the cosmetic.		
The applicant must provide the Commissioner with complete information regarding ownership and articles of incorporation or Partnership Agreement		
The facility plans: Before a licensee constructs or extensively remodels a plan for manufacturing cosmetics or converts an existing structure for use, they must submit plans which include: <ul style="list-style-type: none"> The layout and arrangement of the plant; The materials to be used in construction; and The location, size and type of fixed equipment and facilities. 		

You are responsible for contacting the Commissioner whenever there is a change of operator/ownership or remodeling your facility. An applicant who is not a corporation must provide the Commissioner with the name and address of each of his or her managerial employees. An applicant shall notify the Commissioner of any changes in this information. (NAC 585.230 and 585.805)

By signature, I declare under penalty of perjury that all information provided herein is true and correct.

Signature of Applicant	Print Name	Date