

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



APPLICATION FOR EXEMPTION FROM A FOOD ESTABLISHMENT PERMIT

Food Establishment Type

Temporary Event Permit Exemption Food Establishment Exemption from Regulation

Applicant Information

Name	
Address	
Phone	
Alternate Phone	

Other License Information

Do you have a city or county business license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what city?	

List all sources of food: Please include the name and address of the produce supplier for each item of produce sold. The supplier could be from a farm, manufacturer, market or distributor.

Food Product or Produce Product Name:	Source:

I, _____ (PRINT) am applying for an exemption from a food establishment health permit. This exemption is from the requirement for a health permit pursuant to NRS 446, and has the following conditions:

- I understand that this exemption does NOT allow you to sell produce in Carson City, Washoe County or Clark County.
- I agree to comply with the regulation that prohibits produce from being stored or displayed on the ground.
- I agree to comply with the regulation that prohibits the cutting or breaching of produce in any way.
- I agree to not sample, juice or process produce in any way.

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	