

APPLICATION DOCUMENTS
FOR
INDEPENDENT CENTERS FOR EMERGENCY MEDICAL CARE (ICE)
INITIAL/CHOW APPLICATION

DATE RECEIVED	DOCUMENT	REFERENCE
	APPLICATION FORM (must be NOTORIZED ORIGINAL)	NRS 449.040
	FEE OF \$4060.00	NAC 449.013
	EVIDENCE OF ZONING APPROVAL (BUSINESS LICENSE, CONDITIONAL USE VERIFICATION FORM OR SPECIAL USE PERMIT) FROM THE LOCAL CITY OR COUNTY JURISDICTION	NAC 449.011(4)(e) NRS 449.040(10)
	LEASE AGREEMENT (if applicable)	NAC 449.011(4)(f)
	PARTNERSHIP AGREEMENT (if applicable)	NAC 49.011(4)(a)(4)
	ARTICLES OF INCORPORATION (for corporations only) ARTICLES OF ORGANIZATION (for LLC's only)	NAC 449.011(4)(g)
	GOVERNING BODY BYLAWS (for corporations only) OPERATING AGREEMENT (for LLC's only)	NAC 449.011(4)(g)
	3 YEAR BUSINESS HISTORY (if less than 3 year history, then resume(s) and 3 letters of reference for the applicant(s) including corporate officers)	NAC 449.011(3)
	FINANCIAL STATUS INFORMATION or STATEMENT	NAC 449.011(3)
	PHYSICIAN LICENSE (if physician operator) (if applicable)	NAC 449.61322
	3 LETTERS OF REFERENCE FOR ADMINISTRATOR (if applicable)	NAC 449.011(3)
	*CERTIFICATE OF COMPLIANCE FROM STATE FIRE MARSHALL (DPBH will send a facility/agency inspection request to the State Fire Marshall (SFM) after the application and fee are submitted. After the SFM office completes their inspection, they will notify DPBH of the facility/agency's compliance)	NRS 449.150(1)
	MEDICAL LABS ATTESTATION	NRS 652.080
	FLOOR PLAN WITH DIMENSIONS	NRS 449.040(7)
	PLAN REVIEW APPLICATION ON FILE (for initial applicants and new construction or remodeling)	NAC 449.6135(3)
	BILL OF SALE (for CHOW only)	NRS 449.040(7)
	8 X 11 PHOTOGRAPH OF THE FACILITY/AGENCY OR ESTIMATED DATE OF CONSTRUCTION COMPLETION	NRS 449.040 (7)
	RENEWAL ATTESTATION	

When submitting your application packets you MUST turn in all of the required documents on this checklist with your application packet or your application will be considered incomplete and returned to you.