# Submitting the application:

All applications must be completed in full and fees paid before processing. The applicant is encouraged to submit their application in person or electronically. If provided in person, applications are not processed after 4 p.m. Applications submitted electronically must be received by 1:00 p.m. for online invoicing to take place.

Our office is closed on weekends and Holidays as listed on our website. These days are included in the 7 days prior to event to avoid any late fees.

# With electronic submissions:

- 1. After the application is submitted, you will receive an automated response that "Your application has been successfully submitted."
- The application is reviewed. Incomplete applications cannot be processed and will be rejected. If your application does not automatically send, please ensure all fields are completed. Completed applications can also be emailed to <u>EHFoodOpsAdmin@snhd.org</u>. Once reviewed and found to be complete, an invoice will be emailed to you for online payment at <u>www.snhd.info/eh/payment</u>.
- 3. It is your responsibility to make payment on the invoice in a timely manner and email the receipt to SNHD:
  - Payment is expected the day of the application. The application will not be processed until payment and notification have been received. <u>Once invoiced, payment must</u> <u>be received within 3 business days or the application will need to be</u> <u>resubmitted.</u>
  - Once the invoice has been paid, it is the responsibility of the applicant to provide proof
    of payment by email sent to <u>EHFoodOpsAdmin@snhd.org</u>. Once the email is received,
    your application will be processed.

If you have any questions, please contact the Food Operations section at (702) 759-1110.



# **TEMPORARY FOOD ESTABLISHMENT (TFE) APPLICATION FOR SPECIAL EVENT**

#### Incomplete Applications Shall Be Denied – Type or Print Clearly

### Mailing Addresses:

- SNHD, Environmental Health, PO Box 3902, Las Vegas, NV 89127
- Fed Ex & UPS: SNHD, Environmental Health, 280 S. Decatur Blvd., Las Vegas, NV 89107
   Applications submitted electronically must be received by 1:00 p.m. for online invoicing to take place.

### Local Offices:

- SNHD Main Office, 280 S Decatur Blvd, Las Vegas, NV 89107, (702) 759 -1110
- SNHD Laughlin Office, 55 Civic Way, Laughlin, NV 89029, (702) 759 -1643
- SNHD Mesquite Office, 830 Hafen Lane, Mesquite, NV 89027, (702) 759 -1682

EVENT INFORMATION											
Name of Event:											
Address of Event:											
City:			State:			ZIP Code	ZIP Code:				
Date(s) of Even	t # of Days of Event	2	Start Date:		End Date (if appli		cable):				
Hours of Event (Specify for each date if different):											
Name of Event Coordinator:											
Phone:		En	Email Address:								
APPLICANT INFORMATION											
Name of Temporary Food Establishment:											
Name of Owner/Operator:											
Mailing address:											
City: State:		State:	ZipCode:		Email Address:						
During Event	Contact Name:	Contact Phone Number:									
	Т	MPORARY	FOOD ESTAB	LISHMENT	INFORMATION						
Time the TFE will be ready for inspection on the first day of event											
Type of Hand Wash Station (check one)		Porta	Portable Sink [ ]		Gravity Fed [ ]		Other: [ ]				
Type of Sanitizer (Bring Appropriate Test Strips)		Bleach (Chlorine) [ ]		] QU/	QUAT (ammonium) [ ]		Other: [ ]				
Any Off-Site Food Preparation		Yes [ ] Location:					No [ ]				

List All Food and Beverage Items to be Prepared and Served (Attach Additional Page if Necessary)											
Food Item	Purchased From	Off-Site Prep (Y/N)	Cooking Equipm			ot Holding quipment					
			RMIT FEE								
Step 1 – Booth Numbers and Dimensions – If you have multiple booths of different sizes, fill in a separate line for each size         Booth Dimensions – Length x Width       # of TFE Booths of This Size       SNHD USE ONLY											
Booth Dimension		# 01 11 L B0									
Step 2 – Compute Fees – Please Make Cashier's Checks & Money Orders Payable to: Southern Nevada Health District Personal and Business Checks NOT Accepted. Payment may also be made online with a credit card after you receive an Invoice. Applications <u>MUST</u> be <u>RECEIVED</u> at the office at least seven (7) calendar days <u>PRIOR</u> to the event or a late fee will be assessed. <u>ALL PERMIT FEES ARE NONREFUNDABLE</u> – <u>NO EXCEPTIONS</u> . If mailing this application, payment <u>MUST</u> accompany this form.											
ALL PERMIT FEES	ARE NONREFUNDABL	<u>E – NO EXCEPTION</u>	<b>IS</b> . If mailing this a	pplication, paymer	nt <u>MUST</u> accompan Late Permit Fe	•					
Length of Event	t Perm	it Fee Late Per		nit Fee	than ONE BUS	NE BUSINESS DAY NOTICE					
1-5 Day Event	· · ·	per unit	\$66.00 per unit		\$131.00 per unit						
6-10 Day Event 11-14 Day Event	· · ·	per unit	\$79.00 per unit \$99.00 per unit		\$160.00 per unit \$198.00 per unit						
Non-Profits	· ·	MPT	\$66.00 per unit		\$132.00 per unit						
Non-Profit organiz	ations that provide a copy	of their <b>FEDERAL O</b>	R STATE OF NEVA	DA DEPARTMENT	OF TAXATION SALE	S/USE TAX					
EXEMPT STATUS LE SNHD USE ONLY	<b>TTER</b> when applying are o	exempt from permit fe #Booths x Fee =	es but are still requir		obtain a permit. Late submission fees shall apply. Balance Due:						
0				2010100							
	0	PERATOR RESPONS	SIBILITIES			INITIAL					
<ol> <li>The operator is responsible for meeting all requirements as set forth in the Temporary Food Establishment Quick Reference Sheet and applicable sections of the Southern Nevada Health District Regulations Governing the Sanitation of Food Establishments.</li> </ol>											
critical viola	2. I have received a copy of the Temporary Food Establishment Quick Reference Sheet and understand that critical violations may result in the suspension or denial of the Health Permit.										
3. I am aware that each TFE must be properly equipped and ready to operate by the time indicated, and that failure to do so may result in suspension or denial of the permit.											
<ol><li>The applicant must contact the Southern Nevada Health District to advise of any changes or additions to this application prior to the event.</li></ol>											
<ol> <li>This application is for a Temporary Health Permit only. The operator is responsible for obtaining all applicable permits as required by other agencies.</li> </ol>											
6. Obtaining and submitting a permission letter from the property owner, if the event occurs on private property (if there is no Event Coordinator).											
Applicant Name and Job Title:											
Applicant email Address Date:											
SNHD USE ONLY	RECEIVED BY:			DATE RECEIVED	):						