NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
RURAL AND COMMUNITY HEALTH SERVICES – EHS
APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT OR REGISTER AS A COTTAGE FOOD OPERATION
Email Cottage Food Registrations to BStulac@health.nv.gov
Mail Food Establishment Apps with Fees to
4150 Technology Way Carson City, NV 89706 775.687.7550

Permit No.....

Date Issued .....

Expiration Date .....

Permit Fee $..... Date Paid .....Check No.....Receipt No.....

Plan Review Fee $ ..... Date Paid .....Check No.....Receipt No.....

Plan(s) received .....Plan Review No. .....

Conditions of Permit.....

Environmental Health Specialist Approval for Permit: (EHS Staff Must Review Application for Accuracy Prior to Submittal)

Signature..... Date .....

☐ Name of Establishment .....

☐ Physical Address of Establishment .....

☐Owner(s).....Telephone.....

☐Full Mailing Address for Billing.....

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☐E-Mail Address..... Operator in Charge of Establishment (Name on Permit).....

Previous Name of Establishment.....

Establishment Information: New ☐.....Remodeled ☐.....Ownership Change ☐ .....

Service Capacity: No. of Seats Including Outdoor Dining Seating..... Square Feet.....

Number of Drive Up Service Windows.....

☐ **PHCS/EHS**
4150 Technology Way, Ste. 101
Carson City, Nevada 89706

☐ **PHCS / EHS**
475 W. Haskell, Ste. 38
Winnemucca, Nevada 89445
(775) 623-6588

☐ **PHCS / EHS**
2080 E. Flamingo, Ste. 319
Las Vegas, Nevada 89119
(702) 486-5068

☐ **PHCS / EHS**
1020 Ruby Vista Dr., Ste. 103
Elko, Nevada 89803
(775) 753-1138

☐ **PHCS / EHS**
485 B Street, Ste. 103
Fallon, Nevada 89406-3324
(775) 423-2281

☐ **PHCS / EHS**
725 Ave "K", P.O. Box 151210
Ely, Nevada 89315
(775) 289-3325

MAIN FACILITY/SUPPORT FACILITY (02)

1. Restaurant.....☐
2. Restaurant (Take-Out) .....☐
3.Buffet/Cafeteria.....☐
4. Snack Bar/Deli .....☐
5. Concession.....☐
6. Main/Banquet/Kitchen .....☐
7. Drinking Establishment.....☐
8.Caterer.....☐
9. Service Bar (No Seats) .....☐
10. Portable Food Unit (Not Fixed .....☐
11. Mobile Unit
(County).
(All County)☐ .....
12. Other (Specify) .....

WAREHOUSE/STORAGE (07)
1. Dry .....☐
2. Produce.....☐

WHOLESALE/RETAIL FOOD PROCESSOR/SERVICE (25)
1. Market ..... ☐
2. Meat Market..... ☐
3. Deli w/Market..... ☐
4. Packaged Liquor ..... ☐
5. Health Foods ..... ☐
6. Produce ..... ☐
7. Ice Plant ..... ☐
8. Bottled Water ..... ☐
9. Cottage Foods ..... ☐
Specify What Cottage Food(s) You Wish to Register

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10. Farm to Fork..... ☐
11. Other (Specify)..... ☐

BAKERY/SALES (05)
1. Bakery ..... ☐
2. Sales ..... ☐

You are responsible for contacting the Environmental Health Specialist whenever there is a change of operator/ownership or remodeling your facility. Changes in menu or foods offered for sale that necessitate a change of equipment or additional square footage or seating must be approved prior to beginning the changes in your establishment. Plans must be submitted for all extensive remodeling and approved before construction begins. (NRS 446.930)

Signature of Applicant ..... Date.....