

Instructions for Submission of Temporary Food Establishment (TFE) Application

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.

Fees are assessed based upon the length of the event, so please ensure that all sections of the application are completed. Please note on the application fee schedule that additional fees may apply if applications are submitted late. Our office is closed on weekends and on observed Holidays as listed on our website.

With electronic submissions:

1. After the application is submitted, you will receive an automated response that "Your application has been successfully submitted".
2. Once the application is reviewed, you shall be emailed an invoice.
3. It is your responsibility to make payment on the invoice in a timely manner and email the receipt to SNHD:
 - The application will not be processed until payment and receipt have been received.
 - Once the invoice has been paid, it is the responsibility of the applicant to provide proof of payment by email sent to EHFoodOpsAdmin@snhdmail.org

If you have 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 Address for Non-Local Applicants Only:

- SNHD, Environmental Health, PO Box 3902, Las Vegas, NV 89127
- **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: **Pirate Fest**

Address of Event: **628 W. Craig Rd**

City: **North Las Vegas**

State: **NV**

ZIP Code: **89032**

Date(s) of Event

of Days of Event

Start Date:

End Date (if applicable):

Hours of Event (Specify for each date if different):

Name of Event Coordinator: **Rich Strelak**

Phone: **702631-6682**

Email Address: **info@piratefestlv.com**

APPLICANT INFORMATION

Name of Temporary Food Establishment:

Name of Owner/Operator:

Mailing address:

City:

State:

ZipCode:

Email Address:

During Event

Contact Name:

Contact Phone Number:

TEMPORARY FOOD ESTABLISHMENT INFORMATION

Time the TFE will be ready for inspection on the first day of event

Type of Hand Wash Station (check one)

Portable Sink []

Gravity Fed []

Other: _____ []

Type of Sanitizer
(Bring Appropriate Test Strips)

Bleach (Chlorine) []

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 | Source | Off-Site Prep (Y/N) | Cooking Equipment | Cold Holding Equipment | Hot Holding Equipment |
|-----------|--------|---------------------|-------------------|------------------------|-----------------------|
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PERMIT 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 |
|-----------------------------------|------------------------------|---------------|
| | | |
| | | |
| | | |

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 **MUST** be **RECEIVED** at the office at least seven (7) calendar days **PRIOR** to the event or a late fee will be assessed. **ALL PERMIT FEES ARE NONREFUNDABLE – NO EXCEPTIONS.** If mailing this application, payment **MUST** accompany this form.

| Length of Event | Permit Fee | Late Permit Fee | Late Permit Fee with Less than ONE BUSINESS DAY NOTICE |
|-----------------|-------------------|------------------|--|
| 1-5 Day Event | \$131.00 per unit | \$66.00 per unit | \$131.00 per unit |
| 6-10 Day Event | \$160.00 per unit | \$79.00 per unit | \$160.00 per unit |
| 11-14 Day Event | \$198.00 per unit | \$99.00 per unit | \$198.00 per unit |
| Non-Profits | EXEMPT | \$66.00 per unit | \$132.00 per unit |

Non-Profit organizations that provide a copy of their **FEDERAL OR STATE OF NEVADA DEPARTMENT OF TAXATION SALES/USE TAX EXEMPT STATUS LETTER** when applying are exempt from permit fees but are still required to obtain a permit. Late submission fees shall apply.

| | | |
|----------------------|------------------------|---------------------|
| SNHD USE ONLY | #Booths x Fee = | Balance Due: |
|----------------------|------------------------|---------------------|

OPERATOR RESPONSIBILITIES

INITIAL

| | |
|--|--|
| 1. 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. | |
| 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. | |
| 4. The applicant must contact the Southern Nevada Health District to advise of any changes or additions to this application prior to the event. | |
| 5. This application is for a Temporary Health Permit only. The operator is responsible for obtaining all applicable permits as required by other agencies. | |
| 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 and Phone Number | Date: |
|--|-------|

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|----------------------|---------------------|-----------------------|
| SNHD USE ONLY | RECEIVED BY: | DATE RECEIVED: |
|----------------------|---------------------|-----------------------|