



Otto Ravenholt Public Health Center, PO Box 3902, 625 Shadow Lane, Wing 1, Las Vegas, NV 89127 – (702) 383-1251  
 East Las Vegas Public Health Center, 420 N. Nellis Blvd, Suite A5, Las Vegas, NV 89110 – (702) 759-0620  
 Henderson Public Health Center, 129 W. Lake Mead Dr., Suite B-16, Henderson, NV 89015 – (702) 759-0501  
 North Las Vegas Public Health Center, 400 Shadow Lane #104, Las Vegas, NV 89106 – (702) 759-0502  
 Spring Valley Environmental Health Office, 6330 W. Spring Mountain, Las Vegas, NV 89146 – (702) 759-0503

**TEMPORARY FOOD ESTABLISHMENT APPLICATION FOR SPECIAL EVENT**

**Incomplete applications shall be denied.**

**Type or print clearly.**

Applications **MUST** be received at the office at least seven (7) calendar days **PRIOR** to the event or a late fee will be assessed, **NO EXCEPTIONS**. If mailing this application, the check or money order **MUST** accompany this form.

**Effective January 1, 2006**

Length of Event	Permit Fee	Late Permit Fee
1 – 5 Day Event	\$126.00 per booth	\$63.00 per booth
6 – 10 Day Event	\$153.00 per booth	\$76.00 per booth
11 – 14 Day Event	\$190.00 per booth	\$95.00 per booth

Non-Profit organizations that provide a copy of their State Tax Exempt Number are exempt from fees but are still required to obtain a permit. **LOCAL VENDORS** must apply for their Temporary Food Permit **in person** at one of the above Health District locations.

**I. Event Information**

Name of Event: \_\_\_\_\_  
 Name of Event Coordinator: \_\_\_\_\_  
 Event Coord. Phone Number: \_\_\_\_\_  
 Location/Address of Event: \_\_\_\_\_  
 Date(s) of Event: \_\_\_\_\_  
 Hours of Event (Specify for each date if different): \_\_\_\_\_

**II. Applicant Information**

Name of Temporary Food Establishment: \_\_\_\_\_  
 Name of Owner/Operator: \_\_\_\_\_  
 Mailing Address and Phone Number: \_\_\_\_\_  
 Contact Name and Phone Number During Event: \_\_\_\_\_  
 Tax Exempt Number (if applicable): \_\_\_\_\_

