



Central Nevada Health District

https://www.centralnevadahd.org/

485 West B Street Suite 101 Fallon, NV 89406 Telephone (775) 867-8181

APPLICATION FOR PERMIT TO OPERATE A FACILITY

Name of Establishment _____ Phone _____

Street Address _____

Assessor's Parcel Number _____ - _____ - _____ email _____

City of Fallon Lovelock Hawthorne Eureka Unincorporated area

Mailing Address (if different than street address) _____

FOOD SAFETY CERTIFICATION INFORMATION

(IF APPLICABLE)

Testing Company/Test Type _____ Certificate Issue Date _____

Name (as printed on certificate) _____ Certificate # (if available) _____

As the owner of this establishment, I certify that should a permit be granted, I shall observe the statutes and regulations pertaining to the operation of this establishment as may be promulgated. I also agree that the representatives of the Environmental Health Division may make inspections and examine records during the hours when the business is open to the public. By signing this application, I agree to defend, indemnify, and hold the county harmless from any claim, action, or proceeding brought to attack, set aside, void or annul the county's approval of this application.

(Signature) (Date)

_____. Please check here if there has been **no change** in this operation since the previous application, **(including ownership)**. It will then be unnecessary to complete the remainder of this form. If change has occurred, please describe and complete the remainder of this form. Describe change(s) _____

Facility Owner _____ Phone _____

Address of owner _____

Email _____

Manager (if not owner) _____ Phone _____

Owner of building _____

Address of building owner _____

Establishment Type _____ Square Footage _____

Utensils Used (if applicable): Multi-use _____ Single Service (disposable) _____

Has this building been used as an operating CNHD establishment before _____ If yes, name of most recent business name _____

Water Supply: Public System _____ Private System _____

Water Source: Well _____ Spring _____ Creek _____ Other (describe) _____ Number of Service Connections _____

Do you serve an average daily number of 25 people 60 days per year? Yes No

Sewage Disposal: Public Sewer _____ Onsite septic tank and leach field _____

Date Received _____

Renewal _____

Amount Due _____

New _____ Date _____

Owner change _____ Date _____

Approved by _____ Date _____

Please ensure all information is current so that our database may be updated