

**CARSON CITY OFFICE**  
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 CARSON CITY, NV 89706  
 P: (775) 887-2190  
 F: (775) 887-2248



**DOUGLAS COUNTY OFFICE**  
 1594 ESERALDA AVE.  
 MINDEN, NV 89423  
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## Health Permit Application

|  |                       |   |                            |  |  |
|--|-----------------------|---|----------------------------|--|--|
| <input type="checkbox"/> New Business  |                       | <input type="checkbox"/> Change of Ownership    Date: _____   |                            | <input type="checkbox"/> Information Update    Date: _____ |  |
| Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____  |                       |   |                            |  |  |
| Type of Health Permit<br>(check all that apply):   |                       | <input type="checkbox"/> Restaurant <input type="checkbox"/> Pool/Spa <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Caterer<br><input type="checkbox"/> Bar <input type="checkbox"/> Mobile Home/RV Park <input type="checkbox"/> Child Care <input type="checkbox"/> Other _____<br><input type="checkbox"/> Mobile Food Unit <input type="checkbox"/> Grocery/Market <input type="checkbox"/> Processing Facility                      Seat Count _____ |                            |  |  |
|  |                       | <b>Business/Site Information</b>  |                            |  |  |
|  |                       | Facility Name (DBA): _____<br>Address: _____<br>City: _____ State: _____ Zip: _____<br>Business Phone: (    )    Alternate Phone: (    )    Fax: (    )<br>Care Of: _____ Email Address: _____<br>Mailing Address: _____<br>City: _____ State: _____ Zip: _____<br>Water Provider/GID: _____  |                            |  |  |
| <b>Owner Information</b>   |                       |   |                            |  |  |
| Owner Name: _____  |                       |   |                            |  |  |
| Owner Address: _____   |                       |   |                            |  |  |
| City: _____ State: _____ Zip: _____  |                       |   |                            |  |  |
| Home Phone: (    )    Alternate Phone: (    )    Fax: (    )   |                       |   |                            |  |  |
| Partner(s)/Corp/LLC Name: _____  |                       |   |                            |  |  |
| Care Of: _____ Email Address: _____  |                       |   |                            |  |  |
| Mailing Address: _____   |                       |   |                            |  |  |
| City: _____ State: _____ Zip: _____  |                       |   |                            |  |  |
| <b>Billing Information</b>   |                       |   |                            |  |  |
| Mailing address for invoices: <input type="checkbox"/> Business (site) <input type="checkbox"/> Business Mailing <input type="checkbox"/> Owner (home) <input type="checkbox"/> Owner Mailing <input type="checkbox"/> Other   |                       |   |                            |  |  |
| If other was checked, what is the correct billing address? _____   |                       |   |                            |  |  |
| <i>Approval of this application and issuance of a Health Permit is required before commencing operation. Failure to obtain approval and pay fees in a timely manner may result in closure. The undersigned applicant agrees to operate in accordance with all applicable state laws and local codes.</i> |                       |   |                            |  |  |
| _____  |                       | _____   |                            | _____  |  |
| Signature of Applicant   |                       | Print Name  |                            | Date   |  |
| <b>PERMIT(S) AND FEE(S) ARE NOT TRANSFERABLE OR REFUNDABLE.</b>  |                       |   |                            |  |  |
| <b>FOR OFFICIAL USE ONLY</b>   |                       |   |                            |  |  |
| Received By  | Total Fees            | Date Paid   | Date Invoice Mailed        | Category<br>1:    2:    3:                                 |  |
| Date Permit Mailed   | Number of Inventories | Date Entered Into Sweeps  | Additional Area / Category |  |  |



## Food Establishments Application

*Carson City*

The information in this package is to guide the owner or builder through the submittal and approval procedures when obtaining a permit to operate a Food Establishment in Carson City. A food establishment means “any place, structure, premises, vehicle or vessel, or any part thereof, in which any food intended for ultimate human consumption is manufactured or prepared by any manner or means whatever, or in which any food is sold, offered or displayed for sale or served” per *NRS 446.020*.

- The design of all food establishments must be designed with all applicable codes, including but not limited to the: Nevada Administrative Code 446 and the Uniform Plumbing Code.

### Documentation that must be submitted for review:

- Application for a Food Establishment Worksheet following this page and a proposed menu.
- The following may be requested at the time of review:
- Manufacturer specification sheets for each piece of equipment shown on the plan.
- Site plan showing the location of the building, location of building on site, including alleys, streets and location of any outside facilities (ex: dumpsters, patios, walkways).
- Plan drawn to scale of facility showing location of equipment, plumbing, electrical services and mechanical ventilation.

### Regulations for food establishments:

- Nevada Revised Statutes & Nevada Administrative Code (NAC) 446, which can be found on the web at <http://leg.state.nv.us/NAC/NAC-446.html>
- Carson City Municipal Code, Chapter 9, which can be found the web at [www.municode.com/library/NV/Carson\\_City/Code\\_of\\_Ordinances](http://www.municode.com/library/NV/Carson_City/Code_of_Ordinances)

### Required Inspections:

- The Public Health Regional Partnership (PHRP) will perform inspections of all new, remodeled and converted facilities.
- Please call PHRP to schedule appointment for inspection. **Inspections must be scheduled at least twenty-four (24) hours in advance.**

### Required Licenses:

- In Carson City, new businesses and expansions to existing businesses will require that all applicable fees associated with the nature of the establishment be paid before a permit is issued. Please contact Carson City Business License at 108 Proctor Street, Carson City, NV. Phone: (775) 887-2105.
- The permit is issued upon a passing final inspection and the annual fee is billed.

**Note:** For questions regarding Grease Interceptors in Carson City, please call Carson City Environmental Control at (775) 887- 2355.



## Food Establishment Worksheet

TYPE OF ESTABLISHMENT: (Check as many as apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Bar                 | <input type="checkbox"/> Fast Food Restaurant   | <input type="checkbox"/> Resort Complex        |
| <input type="checkbox"/> Catering            | <input type="checkbox"/> Multiple Food Facility | <input type="checkbox"/> Retail Food Producer  |
| <input type="checkbox"/> Church              | <input type="checkbox"/> Restaurant & Bar       | <input type="checkbox"/> School Cafeteria      |
| <input type="checkbox"/> Hotel/Casino        | <input type="checkbox"/> School                 | <input type="checkbox"/> Wholesale Distributor |
| <input type="checkbox"/> Restaurant          | <input type="checkbox"/> Catering Truck         | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Retail Grocery      | <input type="checkbox"/> Convenience Store      |  |
| <input type="checkbox"/> Bottled Water Plant | <input type="checkbox"/> Food Facility          |  |
| <input type="checkbox"/> Child Care Center   |   |  |

Type Of Establishment \_\_\_\_\_ New Establishment \_\_\_\_\_ Existing Establishment (Change)

### ESTABLISHMENT INFORMATION

OLD NAME (for existing/changes)

**NEW NAME:** \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

PRIMARY PHONE # \_\_\_\_\_ SECONDARY PHONE # \_\_\_\_\_

**If applicable please list**

**NAME OF CONTRACTOR** \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PRIMARY PHONE # \_\_\_\_\_ SECONDARY PHONE # \_\_\_\_\_

APPLICABLE LICENSE # \_\_\_\_\_

**NAME OF ARCHITECT/ENGINEER FIRM** \_\_\_\_\_

NAME OF PRIMARY CONTACT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PRIMARY PHONE # \_\_\_\_\_ SECONDARY PHONE # \_\_\_\_\_

PROJECTED DATE FOR START OF CONSTRUCTION: \_\_\_\_\_

PROJECTED DATE FOR COMPLETION OF PROJECT: \_\_\_\_\_

TYPE OF SERVICE: (check as many as apply)

\_\_\_ Sit-down meals \_\_\_ Take Out \_\_\_ Caterer \_\_\_ Delivery \_\_\_ Mobile

HOURS OF OPERATION:

SUNDAY \_\_\_\_\_

MONDAY \_\_\_\_\_

TUESDAY \_\_\_\_\_

WEDNESDAY \_\_\_\_\_

THURSDAY \_\_\_\_\_

FRIDAY \_\_\_\_\_

SATURDAY \_\_\_\_\_

NUMBER OF SEATS \_\_\_\_\_ TOTAL SQ FT OF FACILITY \_\_\_\_\_

APPROXIMATE MAXIMUM NUMBER OF MEALS TO BE SERVED:

BREAKFAST \_\_\_\_\_ LUNCH \_\_\_\_\_ DINNER \_\_\_\_\_



## FOOD PREPARATION REVIEW

### FOOD SUPPLIES:

#### *THE PROJECTED FREQUENCIES OF DELIVERIES FOR (days between deliveries)*

|                    |  |
|--------------------|--|
| Frozen foods       |  |
| Refrigerated foods |  |
| Dry goods          |  |

#### *SPACE ALLOCATED FOR STORAGE (in cubic feet)*

|                    |  |
|--------------------|--|
| Frozen foods       |  |
| Refrigerated foods |  |
| Dry goods          |  |

#### *CHECK THE CATEGORIES OF FOODS TO BE HANDLED, PREPARED AND SERVED*

| CATEGORY   | YES | NO |
|--|-----|----|
| Meats, poultry, fish, eggs                                       |     |    |
| Cold processed foods: salads, sandwiches, vegetables             |     |    |
| Hot processed foods: soups, stews, rice, noodles, gravy, chowder |     |    |
| Bakery goods: pies, custards, cream fillings & toppings          |     |    |
| Prepackaged, non-potentially hazardous items                     |     |    |
| Other:   |     |    |

#### *THAWING OF POTENTIALLY HAZARDOUS FOODS*

| THAWING METHOD                         | YES | NO |
|--|-----|----|
| Refrigeration                          |     |    |
| Under running water @ 70 degrees F     |     |    |
| Microwave (as part of cooking process) |     |    |
| Cooked from frozen                     |     |    |

### HOT AND COLD HOLDING:

1. How will hot potentially hazardous foods (PHFs) be maintained at 135° F or above during holding for service? Indicate type and number of hot holding units.

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2. How will cold potentially hazardous foods (PHFs) be maintained at 41° F or below during holding for service? Indicate type and number of cold holding units.

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**COOLING:**

Please indicate by checking the appropriate boxes how PHFs will be cooled to 41°F within 4 hours.

| COOLING METHOD     | THICK MEATS | THIN MEATS | THIN SOUPS/GRAVY | THICK SOUP/GRAVY | RICE/NOODLES |
|--------------------|-------------|------------|------------------|------------------|--------------|
| Shallow Pans       |             |            |                  |                  |              |
| Ice Baths          |             |            |                  |                  |              |
| Reduce volume/size |             |            |                  |                  |              |
| Rapid Chill        |             |            |                  |                  |              |
| Other              |             |            |                  |                  |              |

**FINISH SCHEDULE:**

Applicant must indicate which material (ex: quarry tile, stainless steel, fiberglass reinforced plastic (FRP), etc, will be used in the following areas.) *(as per NAC 446.530: surfaces must be "light-colored, smooth, non- absorbent, durable, and easy to clean")*. Note: If clearly stated on professionally prepared plans submitted with this application, you need not repeat it here.

| AREA                           | FLOOR | COVING | WALL | CEILING |
|--------------------------------|-------|--------|------|---------|
| Kitchen                        |       |        |      |         |
| Bar                            |       |        |      |         |
| Food Storage                   |       |        |      |         |
| Other Storage                  |       |        |      |         |
| Toilet Rooms                   |       |        |      |         |
| Dressing Rooms                 |       |        |      |         |
| Garbage/Refuse                 |       |        |      |         |
| Mop Sink                       |       |        |      |         |
| Dishwashing                    |       |        |      |         |
| Walk-in Refrigerators/Freezers |       |        |      |         |

**\* Please note color for each item listed.**

**PLUMBING CONNECTIONS:**

Indicate which type of connections these items have to the sewer: air gap, air break or internal trap.

*Note: If clearly stated on professionally prepared plans submitted with this application, you need not repeat it here.*

| AREA  | TYPE OF CONNECTIONS |
|---|---------------------|
| Mop Sink  |                     |
| Hand wash Sink  |                     |
| 3-Compartment Sink  |                     |
| 2-Compartment Sink  |                     |
| 1-Compartment Sink<br>(ex: Food Preparation Sink or<br>Dump Sink) |                     |
| Dishwasher  |                     |
| Refrigeration<br>Condensation/Drain<br>Lines                      |                     |
| Ice Machines  |                     |
| Ice Storage Bin   |                     |
| Steam Tables  |                     |
| Dipper Wells  |                     |
| Beverage Dispenser  |                     |
| Other   |                     |
| Other   |                     |
| Other   |                     |
| Other   |                     |
| Other   |                     |

**DISHWASHING FACILITIES :**

| (check as many as apply)                              |  |   |
|---|--|---|
| _____ 3-Compartment Sink with integrated drain boards |  |   |
| _____ Dishwasher                                      | _____ High Temperature<br>_____ Booster Heater<br>_____ Chemical | _____ Sodium Hypochlorite (Chlorine bleach)<br>_____ Quaternary Ammonium<br>_____ Iodine<br>_____ Other |

**HAND WASHING, TOILET FACILITIES**

|   | YES | NO | N/A |
|---|-----|----|-----|
| Is there a hand washing sink in each food preparation and dishwashing area?   |     |    |     |
| Do all hand washing sinks, including those in restrooms have a mixing valve or combination faucet?                                  |     |    |     |
| Is hot and cold running water under pressure available at each hand sink?   |     |    |     |
| Do self-dosing metering faucets provide a flow of water for at least twenty (20) seconds without the need to reactivate the faucet? |     |    |     |
| Is soap dispenser available at all hand washing sinks?  |     |    |     |
| Are fingernail scrub brushes available at all hand washing sinks?   |     |    |     |
| Are hand-drying facilities available at all hand washing sinks (ex: paper towels, air blower, etc.)?                                |     |    |     |
| Are all toilet room doors self-closing?   |     |    |     |
| Are all toilet rooms equipped with adequate ventilation?  |     |    |     |

**STATEMENT**

***I hereby certify that the above information is correct, and I fully understand that any deviation from the above approval without prior permission from this Health Regulatory Office may nullify this approval. Approval of these plans and specifications by this Health Regulatory Authority DOES NOT indicate compliance with any other code, law or regulation that may be required by federal, state or local agency. It further DOES NOT constitute endorsement or acceptance of the completed establishment, including but not limited to the structure or equipment. A pre-opening inspection of the establishment with the equipment will be necessary to determine if it complies with the State of Nevada and/or Carson City Municipal Codes as applicable governing food service establishments.***

**Signature(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_





## **Opening Sign Off Form**

Food Facility Name \_\_\_\_\_

Address \_\_\_\_\_

As of this date, \_\_\_\_\_ this facility has been notified of the following information in regards to permitted food facilities.

1. A temporary food permit must be obtained for any functions outside of the normal course of business. [CCMC 9.05.010 (17), NAC 446.630]
2. A Certified Food Protection Manager must be on duty at all times while food is being prepared. [CCMC 9.05.040, NAC 446.052]
3. If the occurrence of an emergency such as a fire, flood, loss of power or similar event might result in the contamination of food or prevent potentially hazardous food from being stored at required temperatures, the person in charge at the food establishment shall immediately contact the health authority. [NAC 446.8265]
4. The holder of a permit of a food establishment shall require each food handler and each applicant to become a food handler to report verbally to the holder of the permit information about his health and activities as they relate to diseases that may be transmitted through food such as: *Salomella typhi*, *Shigella* spp, *E. coli* 0157:H7, Hepatitis A, has symptoms associated with acute gastrointestinal illness or pustular lesions. [NAC 446.054]
5. All equipment and changes to the establishment must be approved by the health authority. [NAC 446.822]
6. All signage requirements have been met and are posted in approved locations. Signage: No Smoking \_\_\_\_ Alcohol Birth Defects \_\_\_\_
7. Given following web information to download documents:  
Nevada Clean Indoor Air Act (NRS 202) \_\_\_\_, State of Nevada Regulations NRS & NAC 446 \_\_\_\_, Carson City Municipal Code, Chapter 9 \_\_\_\_ and Temporary/Special Event Handout \_\_\_\_.

\_\_\_\_\_  
Signature of owner/operator

\_\_\_\_\_  
Signature of Inspector