



Service Depot Authorization Form

Email Application to: eh@carsoncity.gov

Permits and Fees are NON-Transferrable and NON-Refundable

Carson City Health and Human Services Environmental Health Division

900 E Long St Carson City, NV 89706

Phone: 775-887-2190 ext. 80029

Gethealthycarsoncity.org



Mobile Food/Caterer/Operator Information

Type of Business:
Mobile Food Unit Food/Beverage Trailer Catering Other: _____

Business Name: _____ **Business Owner Contact Number:** _____

Business Owner Name: _____ **Business Owner Email:** _____

Business Address (street, city, state, zip): _____

Depot/Commissary Information

Business Name: _____ **Depot/Commissary Permit Number:** _____

Business Owner Name: _____ **Business Owner Contact Number:** _____

Depot/Commissary Business Address (street, city, state, zip): _____

As the owner/operator of the permitted food establishment located at the above address, I hereby grant the approval to utilize my facility as a depot for purposes as described in Nevada Administrative Code (NAC) 446. The operator is approved to use:

- | | | | |
|------------------|----------------------|----------------------|----------------------|
| Grease Disposal | Solid Waste Disposal | Wastewater Disposal | Utensil/Dish Washing |
| Food Preparation | Mobile Unit Storage | Potable Water Source | Cleaning |

Food Storage (pick at minimum 1): Overnight Refrigeration Storage Overnight Freezer Storage Dry Goods Storage

Give a brief description of what appliances, work areas, and food storage areas will be used:

Depot Owner Acknowledgment- You will need to keep record of when the business uses your facility and what they used.

Signature (Depot/Commissary Owner) **Printed Name** **Date** ___/___/___

Owner/Operator - If you temporarily or permanently cease use of the facility, please contact us as soon as possible. No commercial operations may be conducted in a private home. If the above Depot is not available or the business has closed, a new depot/commissary agreement must be submitted immediately to avoid permit suspension.

Signature (Operator) **Printed Name** **Date** ___/___/___

DO NOT WRITE BELOW-FOR OFFICIAL HEALTH DISTRICT USE ONLY

Signature (Environmental Health Specialist) **Printed Name** **Date** ___/___/___