



# Establishment Contact Update Form

Email Form to: [eh@carsoncity.gov](mailto:eh@carsoncity.gov)



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](http://Gethealthycarsoncity.org)

**Carson City Health and Human Services asks that you please update your business contact information on a regular basis. Please email this information to: [EH@carsoncity.gov](mailto:EH@carsoncity.gov) If you have a **CHANGE OF OWNERSHIP OR PHYSICAL ADDRESS** you will need to fill out a Health Permit Application and get in contact with an Inspector to come and do an inspection.**



## Business/Establishment Information Is this a new change?    Yes-Fill out below    No- Skip to next section

Facility Name (DBA/Store Front Name):		Business/Estab. Phone: <small>(Primary Store Phone If Applicable)</small>	
Previous Facility/DBA Name: No Change		Business/Estab. Email:	
Business/Estab. Name:		Previous Business/Estab. Name: No Change	
Business/Estab. Address:	City:	State:	Zip Code:
On-Site Manager Name:			
On-Site Manager Contact Number:		On-Site Manager Contact Email:	

## Billing Contact Information Is this a new change?    Yes- Fill out below    No- Skip to next section

Billing Contact First and Last Name:		Billing Phone:	
Billing Contact Company:		Billing Email:	
Billing Contact Address:	City:	State:	Zip Code:
Billing Contact Mailing Address:	City:	State:	Zip Code:

## Owner Information

If there has been a change of ownership please fill out a new Health Permit Application. Health Permits are non-transferable and you will need to apply for a new one to operate.

*As of 10/2022, the Environmental Health Division has adopted a completely digital process with ALL billing invoices, permits and any other documents pertaining to businesses. All the documents mentioned above are able to be emailed via [eh@carsoncity.gov](mailto:eh@carsoncity.gov) and will not be sent in the mail to establishments. This billing section must be filled out accurately in order to receive your invoices and permits without delay.*

## Signature

*By signing you certify that you, are indeed, a representative of the business/establishment listed on this form, and that you are not, under the penalty of falsifying documentation, another person not listed on this document.*

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date    /    /