Annually Permitted Caterer or Mobile Unit Operators ONLY
Application for a Temp. Event Food Permit - Multiple

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

PLEASE READ BEFORE CONTINUING:

If you are NOT Annually Permitted with Carson City or Douglas County, or there are changes to your menu, please only submit the "Temporary Event Permit App" form found on our website at gethealthycarsoncity.org or email us at eh@carsoncity.gov

Annually Permitted Caterer or Mobile Unit Operators must submit this application to the Health Department, completed in full, at least 5 BUSINESS DAYS PRIOR TO THE DAY OF THE EVENT to avoid fees or delays. Late fees will be assessed for ALL applications including non-profit organizations. Please list as many events as you currently have planned. If more events come around, please resubmit this page with the new events.

Business/Vendor Information *(Please provide the information for the business attending the event.)*

Business Name (DBA):			Non-Profit Tax ID #: *(If Applicable)*
Name of Person-in-Charge:	Phone Number:	Contact Email:	
Business Address:	City:	State:	Zip:

Applicant Information *(Please provide the information for the person filling out this form.)*

Applicant First and Last Name:	Applicant Contact Number:	Applicant Email:

Event Information *(Please attach a separate page if attending more than 9 events.)*

	Event Name	Start Date	End Date	Start Time	End Time	Location Address:	Coordinator	Coord. Number
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								

Applicant Acknowledgement

Review the following Terms and Conditions for Operation of a Temporary Food Establishment and sign and print your name at the bottom of this section. By signing, the applicant acknowledges that failure to adhere to these terms and conditions may result in further enforcement action, including permit suspension and temporary establishment closure.

I understand that my application is NOT a permit. I will receive my permit at the time my Temporary Event Food Establishment is inspected by the Health Authority. I understand that failure to comply with food safety may result in further enforcement action, including assessment of re-inspection fees and/or closure of my Temporary Event Food Establishment.

I acknowledge that interfering with the Health Authority's ability to perform their duties is a violation of Nevada Revised Statute (NRS) 446.885(3) and intimidating behavior against a public officer is a violation of NRS 199.3300 (Intimidating a public employee). I understand these behaviors include, but are not limited to threats of violence, abusive language, unwarranted physical contact; and that partaking in these behaviors may result in a closure of my Temporary Food Establishment. I understand that Carson City Health and Human Services employees will adhere to their Code of Conduct and work with you honestly, respectfully, fairly, and courteously. **I understand that my permit is NOT APPROVED until I have been successfully inspected by a Health Inspector** *(if applicable)* at the above-mentioned event regarding the operation of my Temporary Event Food Establishment.

I hereby consent to inspection by the HEALTH DEPARTMENT and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with local temporary food service requirements. By signing below, I certify that I am the owner or authorized representative of this business and that all statements made on this application are true to the best of my knowledge.

Applicants Signature: _____ **Date:** _____/_____/_____