

Category Type _____
Fee Paid _____
Date Paid _____
\$/CC/Check/MO _____
Receipt # _____

APPLICATION FOR PERMIT TO OPERATE

An additional application fee will be charged for each Facility Application not undergoing a plan review

Application for: New Facility Change of Ownership Updated Information Permit # _____

Select Permit Type: (* Requires additional registration forms)

- | | |
|--|--|
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Public Spa |
| <input type="checkbox"/> Cottage Food * | <input type="checkbox"/> Public Swimming Pool |
| <input type="checkbox"/> Exempt Food * | <input type="checkbox"/> RV Dump Station |
| <input type="checkbox"/> Farm-to-Fork * | <input type="checkbox"/> School |
| <input type="checkbox"/> Food or Beverage Establishment
Building Permit # _____ | <input type="checkbox"/> Sewage / Wastewater Pumping Truck
VIN# _____ |
| <input type="checkbox"/> Hotel / Motel (# of Rooms _____) | Truck # _____ License Plate # _____ |
| <input type="checkbox"/> Invasive Body Decoration / Tattoo * | <input type="checkbox"/> Vending Machines |
| <input type="checkbox"/> Mobile Home Park / RV Park (# of Spaces _____) | |

BUSINESS INFORMATION

Business Name: _____ Phone #: _____
Physical Address: _____ City/State/Zip: _____
Billing Address: _____ City/State/Zip: _____
Billing Telephone: _____ Billing Email: _____

PRIMARY CONTACT INFORMATION

Primary Contact Name: _____ Position: _____
Phone #: _____ Cell #: _____ Email: _____

BUSINESS OWNER INFORMATION

Ownership Type: Corporation LLC Individual Partnership Other: _____
Name of Corporation, LLC or Other: _____

LIST OF OWNERS / OFFICERS / PARTNERS:

- Owner1 Name: _____ Owner1 Phone #: _____
Mailing Address: _____ Email: _____
- Owner2 Name: _____ Owner2 Phone #: _____
Mailing Address: _____ Email: _____
- Owner3 Name: _____ Owner3 Phone #: _____
Mailing Address: _____ Email: _____

Water Service: Public Water Company Private Well
Sewer Service: Public (Reno / Sparks / Washoe) Private Septic or Community Sewer System

The permit is non-transferable. Any change in business ownership or location requires submittal of a new permit application within 30 days.

I/We attest to the accuracy of the information provided, agree to comply with applicable city and state ordinances and regulations and will allow the regulatory authority access to the facility during any reasonable time to inspect, conduct tests or collect samples as required. Application fee not refundable.

Applicant's Signature: _____ Date: _____

Applicant's Name (printed): _____

ORIGINAL - HEALTH DISTRICT FILE

YELLOW – INSPECTOR

PINK - APPLICANT