

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<br>Building Permit # _____ | <input type="checkbox"/> Sewage / Wastewater Pumping Truck<br>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