

Category Type \_\_\_\_\_  
Fee Paid \_\_\_\_\_  
Date Paid \_\_\_\_\_  
\$/CC/Check/MO \_\_\_\_\_  
Receipt No. \_\_\_\_\_

**APPLICATION FOR PERMIT TO OPERATE**

**Application for:**  New Facility  Change of Ownership  Updated Information Permit # \_\_\_\_\_

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

**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                 | <input type="checkbox"/> Sewage / Wastewater Pumping Truck |
| Building Permit # _____   | VIN# _____   |
| <input type="checkbox"/> Hotel / Motel (# of Rooms _____)               | 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 \_\_\_\_\_

**PRIMARY CONTACT INFORMATION**

Contact Person Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

**BUSINESS OWNER INFORMATION**

Ownership Type:  Corporation  LLC  Individual  Partnership  Other: \_\_\_\_\_

Name of Corporation, LLC or Other: \_\_\_\_\_

**List of Owners(s)/Officers/Partners:**

1. Legal Owner Name: \_\_\_\_\_ Owner Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email address: \_\_\_\_\_

2. Legal Owner Name: \_\_\_\_\_ Owner Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email address: \_\_\_\_\_

3. Legal Owner Name: \_\_\_\_\_ Owner Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email address: \_\_\_\_\_

- Water Supply:**  City of Reno / Sparks  Private Well / Community Water System  
**Sewer Service:**  City of Reno / Sparks  Septic / Community Sewer System

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name (printed): \_\_\_\_\_