



Environmental Health Division Establishment Contact Update Form

Email Form to: eh@carson.org

Carson City Health and Human Services
Environmental Health Division
900 E Long St Carson City, NV 89706

Phone: 775-887-2190 Gethealthycarsoncity.org



Visit Our New and Improved Website!
Scan our QR code to be taken to our website.

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@carson.org.

Owner Information

No Update/Change:

Owner First and Last Name:		Owner Phone:	
Owner Email:		Owner Phone (Other):	
Owner Address:	City:	State:	Zip Code:
Owner Mailing Address:	City:	State:	Zip Code:

Business/Establishment Information

No Update/Change:

Business/Estab. DBA Name:		Business/Estab. Phone: <i>(Primary Store Phone If Applicable)</i>	
Business/Estab. Name:		Business/Estab. Email:	
Business/Estab. Address:	City:	State:	Zip Code:
Business/Estab. Mailing Address:	City:	State:	Zip Code:
On-Site Manager Contact Number:	On-Site Manager Contact Email:		
State of Nevada Business License #:	County Business License #:		

Billing Contact Information

No Update/Change:

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:

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@carson.org 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.

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.

/ /

Signature

Printed Name

Date

Office Use ONLY

Office Use ONLY

Date Office Received: / / Date Updated Records: / / Admin/Reviewer: