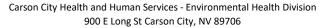


Environmental Health Division Permit Exemption Application

Email Application to: eh@carson.org





PUBLIC HEALTH REGIONAL PARTNERSHIP

Phone: 775-887-2190 Gethealthycarsoncity.org

Food Establishment Type				
☐ Food Establishment Exemption from Regulation ☐ Temporary Event Permit Exemption				
Applicant Information				
Name:				
Address:				
Phone:				
Alternate Phone:				
Other License Information				
Do you have a city or county business license?: ☐ Yes ☐ No				
If Yes, what city?:				
List all sources of food: Please include the name and address of the supplier for each item of product sold.				
Food Product Name: Source:				
I, (PRINT) am applying for an exemption from a food establishment health permit. This exemption is from the requirement for a health permit pursuant to NRS 446, and has the following conditions: • I agree to comply with the regulation that prohibits products from being stored or displayed on the ground. • I agree to comply with the regulation that prohibits the slicing or breaching of whole food products in any way.				
Circohus of Appliant	Print Name			Data
Signature of Applicant	riiit Name		Date	
Conditions of Permit:				
Environmental Health Specialist Approval for Permit: (EHS Staff Must Review Application for Accuracy Prior to Submittal) OFFICE USE ONLY				
Exemption Application Approved Exemption Application NOT-Approved				
Signature of REHS Rep: Date				