



Environmental Health Division

Cottage Food Temporary Event Food Permit App

Email Application to: eh@carson.org
Permits are NON-Transferrable and NON-Refundable

Carson City Health and Human Services
 Environmental Health Division
 900 E Long St Carson City, NV 89706
 Phone: 775-887-2190 Gethealthycarsoncity.org



Tell Us Your Opinion!
 Scan our QR code to be taken to our customer satisfaction survey.



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



MAKE YOUR PAYMENT ONLINE!
 Scan our QR code to be taken to our online payment website.

Registered Cottage Food Vendors/Operators must submit this application to our Health Department, completed in full, for each event at least 5 BUSINESS DAYS PRIOR TO EVENT. THESE FORMS ARE NOT YOUR PERMIT. You will receive your temporary health permit the day of your event after the inspector's visit. ALL FIELDS ON THIS FORM MUST BE FILLED IN. Per CCMC, late fees will be assessed if applications are submitted less than 5 business days for ALL Carson City applications including non-profit organizations.

Event Information (Please provide the information for the event the business/vendor will be attending.)

Event Name:	Event Start Date:	Event End Date:	Event Start Time:	Event End Time:
Event Location:	Event County:	All Dates Business/Vendor Plans to Attend:		Booth Set Up Time:
Event Coordinator Name:	Event Coordinator Contact Number:	Event Coordinator Email:		

Applicant/Business Information (Please provide the information for the person/business filling out this form.)

Applicant First and Last Name:	Applicant Contact Number:	Applicant Email:		
Applicant Street Address:	City:	State:	Zip:	
Applicant Mailing Address: <small>(If the address is the same as the above, select the check box.)</small>	City:	State:	Zip:	
Business Name (DBA):				
Non-Profit Tax ID Number/Information: <small>(If Applicable)</small>		Have you participated in previous events in Carson or Douglas County? (Mark One) YES NO		

Food/Beverage Item Information

PLEASE READ BEFORE CONTINUING:

- *You MUST include a copy of your Cottage Food Operation Approval Letter with this application.*
- *You are REQUIRED to fill out a temporary health permit application for each and every event you are attending.*
- *You MUST provide a copy of the 'List of Approved Items' sent with your CFO Approval Letter.
- *You MUST include a copy of your labels for ALL proposed food products for review and approval prior to printing said labels. Please attach a photocopy of your labels to this application.*

<p style="text-align: center;">OFFICE USE ONLY</p> <p style="text-align: center; color: red;">*FEES ARE NON-REFUNDABLE*</p> <p>PAYMENT METHOD OF FEES:</p> <p>N/A: _____</p> <p>IN PERSON - CASH: ___ CHK: ___</p> <p>ONLINE - CC/DC: ___ ECHK: ___</p>	<p>Date Paid:</p> <p>AMT Paid:</p> <p>Late Fee:</p> <p>Check #:</p> <p>Recpt Number:</p> <p>Non-Profit Tax ID#:</p>	<p>Date Sent by Operator/Vendor:</p> <p>Date Received by Admin:</p> <p>Date Entered by Admin:</p> <p>Date Inspector Reviewed:</p> <p>Other Comments:</p>
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Sampling

Will you be SAMPLING your food/beverage items?

YES NO UNK

If you checked YES for Sampling...

1. Provide a description below of what items/how you plan to provide samples during the event:

2. Depending upon your answer to number 1, you may be required to pay a temporary event fee for each event you will be sampling at.

- a. The temporary event fees for Carson City are as follows:
 - i. 1 Day Event - \$25
 - ii. 2-7 Day Event - \$50
 - iii. 8-14 Day Event - \$ 75
 - iv. Farmers Market Attendance - \$75
- b. The temporary event fees for Douglas County are as follows:
 - i. FOR-Profit - \$50
 - ii. NON-Profit - \$25
- c. Late fees will be assessed on ALL applications that are submitted less than 5 business days for ALL Carson City apps, including Non-Profit Organizations.
 - i. 1 Day Event Late Fee - \$25
 - ii. 2-7 Day Event Late Fee - \$35
 - iii. 8-14 Day Event Late Fee- \$ 40

3. You MUST meet the Temporary Event Requirements if sampling.

Labels (If you have label stickers, you can place them below for review. Please place them below only or attach as a separate page. For label guidelines please check out our website for more information. Examples are below.

EXAMPLES





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Applicant Acknowledgement

Review the following Terms and Conditions for Operation of a Temporary Food Establishment and sign and print your name at the bottom of this section. By signing, the applicant acknowledges that failure to adhere to these terms and conditions may result in further enforcement action, including permit suspension and temporary establishment closure.

I understand that my application is NOT a permit. I will receive my permit at the time my Cottage Food Temporary Event Food Establishment is inspected by the Health Authority. I understand that failure to comply with food safety may result in further enforcement action, including assessment of re-inspection fees and/or closure of my Temporary Event Food Establishment.

I acknowledge that interfering with the Health Authority's ability to perform their duties is a violation of Nevada Revised Statute (NRS) 446.885(3) and intimidating behavior against a public officer is a violation of NRS 199.3300 (Intimidating a public employee). I understand these behaviors include, but are not limited to threats of violence, abusive language, unwarranted physical contact; and that partaking in these behaviors may result in a closure of my Temporary Food Establishment. I understand that Carson City Health and Human Services employees will adhere to their Code of Conduct and work with you honestly, respectfully, fairly, and courteously.

I understand that my permit is NOT APPROVED until I have been successfully inspected by a Health Inspector (if applicable) at the above-mentioned event regarding the operation of my Cottage Food Temporary Event Food Establishment.

I hereby consent to inspection by the HEALTH DEPARTMENT and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with local temporary food service requirements. By signing below, I certify that I am the owner or authorized representative of this business and that all statements made on this application are true to the best of my knowledge.

Applicants Signature: _____

Applicant Printed Name: _____

Date: ____/____/____

OFFICE USE ONLY - ADDITIONAL PERMIT APP NOTES:

[Large dashed box for office use only notes]