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North Las Vegas Public Health Center, 400 Shadow Lane #104, Las Vegas, NV 89106 – (702) 759-0502  
Spring Valley Environmental Health Office, 6330 W. Spring Mountain, Las Vegas, NV 89146 – (702) 759-0503

## EVENT COORDINATOR APPLICATION FOR SPECIAL EVENTS, TRADE SHOWS AND FARMERS' MARKETS

***Type or print clearly - Incomplete applications shall be denied***

A fee of \$200.00 must be paid at the time of application. This application MUST be received at the office at least seven (7) calendar days PRIOR to the event or a late fee of \$100 will be assessed. NO EXCEPTIONS.

Please make checks payable to: Clark County Health District

### I. Event Information

Name of Event: \_\_\_\_\_

Location/Address of event: \_\_\_\_\_

Event to be held: \_\_\_\_\_ Enclosed building \_\_\_\_\_ Outdoor \_\_\_\_\_ Both

Date(s) of event: \_\_\_\_\_

Hours of event (**Specify for each date if different**): \_\_\_\_\_

Vendor set-up time: \_\_\_\_\_

Anticipated number of patrons for the event: \_\_\_\_\_

### II. Contact Information

Name of Event Coordinator: \_\_\_\_\_

Name of Event Sponsor: \_\_\_\_\_

Event Coord. phone number during business hours: \_\_\_\_\_

Event Coord. mailing address: \_\_\_\_\_

Contact Name and phone number during event: \_\_\_\_\_

### III. Support Services Information

Toilet facilities: Number of Plumbed \_\_\_\_\_ Number of Portable \_\_\_\_\_

Handwash facilities: Number of Plumbed \_\_\_\_\_ Number of Portable \_\_\_\_\_

Responsible party for maintaining toilet/handwash facilities during event: \_\_\_\_\_

Will potable water be available? Yes / No If yes, where? \_\_\_\_\_

How will wastewater be disposed of? \_\_\_\_\_

Describe how electricity will be provided: \_\_\_\_\_

How will garbage be disposed of? \_\_\_\_\_

Person(s) responsible for cleaning up: \_\_\_\_\_

Other services if provided (i.e.: cold storage, commissary, ice truck, dishwash area):

**IV. Vendor Information**

**List ALL vendors with point of sale at booth:**

Food and beverages booths where money is exchanged. Booths where food is sampled and product is sold.

Business Name	Phone Number	Food/Beverage served or sold
		(Attach additional page if necessary)

**List ALL vendors serving open food/drink without compensation:**

No money exchange at booth.

Booths where open food is given away (e.g. company portioning food to attract people to their booth or drink company dispensing samples to get their new product out, NO sales at booth). Seen at trade shows/tasting events but can be at special events.

Business Name (booth # if applicable)	Phone Number	Food/Beverage served
		(Attach additional page if necessary)

**V. Event Coordinator Responsibilities**

The event coordinator is responsible for the following:

1. Meeting the requirements as set forth in the applicable sections of *the Clark County Health District Regulations Governing the Sanitation of Food Establishments*. **Initial** \_\_\_\_\_
2. Ensuring that food vendors apply for a Temporary Food Establishment Permit as required and shall not allow vendors without required permits to set up at the event. **Initial** \_\_\_\_\_
3. Providing a map indicating the location of items listed in Sections III and IV at least two business days prior to the start of the event. **Initial** \_\_\_\_\_
4. Contacting the Clark County Health District **prior to the event** to provide updates if any changes or additions to this application are made. **Initial** \_\_\_\_\_

Print name and job title: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_