## **ANNUAL ITINERANT NOTIFICATION**

## VENDOR INFORMATION (PERMIT HOLDER) PLEASE FAX OR EMAIL

HOLDER) PLEASE FAX OR EMAIL		
NAME OF VENDOR:	PR NUMBER:	
ALL DATES OF EVENT:	TIMES OF EVENT (OPEN TO CLOSE):	
NAME OF EVENT:	NAME OF EVENT COORDINATOR:	
	EVENT COORDINATOR PHONE NUMBER:	
LOCATION AND FULL ADDRESS OF THE EVENT: (STREET, CITY, STATE, ZIP CODE)		

**14-301 Permit Requirements:** 

In addition to compliance with Chapters 1-8 of the SNHD Regulations, Annual Itinerants are subject to the additional requirements in this section. Annual Itinerants must:

(A) Only operate at sites for which prior notice was given to the Health Authority,

(B) Notify the Health Authority by submitting an Annual Itinerant Notification at least two business days prior to operating at a special event or farmers market. Updates to the schedule must be provided at least two business days prior to the start of each special event or farmers market. Failure to notify the Health Authority within the required timeframe will result in administrative action up to and including permit revocation, (C) Operate only at sites that meet the requirements in Subpart 14-204 and which written approval from the property owner has been obtained,

(D) Submit menu changes that will result in a change to the equipment or the risk level to the Health Authority for approval prior to implementation,

(E) Provide access to transportation or food storage vehicles utilized by the food vendor to ensure that the vehicle is maintained clean, free of trash, food debris, spills, insects, or any other source of contamination to the food or equipment, and

(F) Not exceed 200 square feet in size.

SEND SCHEDULES VIA: FAX: 702.759.1423 EMAIL: <u>ANNUALITINERANTNOTIFICATION@SNHD.ORG</u>

OWNER'S NAME: \_\_\_\_\_

\_\_\_\_\_DATE:\_\_\_\_\_

<b>OWNER'S</b>	CONTA	СТ	NUMBEI	R۰
OWNER S	CONTA		NUMBER	Λ.

**OWNER'S EMAIL ADDRESS:** 

