



NORTHERN NEVADA PUBLIC HEALTH
 ENVIRONMENTAL HEALTH SERVICES DIVISION
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**FARM-TO-FORK EVENTS OPERATION
 REGISTRATION**

BUSINESS INFORMATION (DBA)

BUSINESS NAME (DBA): _____

BUSINESS ADDRESS:

Street _____ City _____ State _____ ZIP _____

BUSINESS CONTACT INFORMATION:

Phone Number _____ Email Address _____

OWNER NAME AND ADDRESS:

Street _____ City _____ State _____ ZIP _____

FARM-TO-FORK EVENTS OPERATION

I, _____ (print) am registering as a Farm-to-Fork Events Operation which is exempt from the requirement for a health permit pursuant to NRS 446, and I affirm and attest the following are true and correct to the best of my knowledge.

ADDRESS OF FARM: _____

PLEASE READ AND INITIAL THE FOLLOWING:

I understand that inspections will not be conducted and that I will be solely and fully responsible for the safety of the food sold from Farm-to-Fork Events. _____ (int.)

I understand that Farm-to-Fork Events found to be in violation of the Farm-to-Fork law will be issued an order to Cease and Desist food service. _____ (int.)

I understand that any food items served at Farm-to-Fork Events are to be prepared at the above farm location from ingredients that are substantially produced on the farm. _____ (int.)

I understand that any meat served must have been inspected by USDA or under the requirements of chapter 583 of NRS _____ (int.)

I understand that Farm-to-Fork Events may only provide food that is prepared for immediate consumption to paying customers. _____ (int.)

I understand that each guest must be provided with a notice which states that no inspection was conducted by a state or a local health district of the farm or the food to be consumed. _____ (int.)

I have received a copy of the Farm-to-Fork Event Fact Sheet and Food Safety Guidelines. _____ (int.)

I understand a farm which has more than two Farm-to-Fork events a month becomes a food establishment for the remainder of the year and is subject to all the requirements of NRS 446. _____ (int.)

I understand that I will be financially liable for any fees and/or costs incurred by the Health Authority in regard to any investigation of food adulteration or foodborne illness complaints filed against my Farm-to-Fork Events found to be valid. _____ (int.)

OWNER'S SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY:

APPLICATION IS APPROVED APPLICATION IS NOT APPROVED _____ DATE: _____
 NNPH Representative

ORIGINAL – NNPH | YELLOW - APPLICANT