**Introduction:** This is a document for the process of applying for Temp Food Vendor/Sampler/Producer Permit applications that are submitted online through <u>OneNV.us.</u>

#### Step 1 – Getting Started:

Click the above link, or in your internet browser (Chrome, Edge, Firefox) go to www.OneNV.us



It will bring you to the Accela Citizen Access page:

Regional Licensing & Permits	Serving Reno, Sparks, Washoe & Douglas County						
	Announcements Register for an Account Login						
Home Building	Search  Search Business Licensing and Events Enforcement Engineering Fire Health District Planning more •						
Advanced Search	<b>v</b>						
Please Login Many online services enter vour user name	s offered by the Agency require login for security reasons. If you are an existing user, please le and bassword in the box on the right.						
	USERNAME OR EMAIL: *						

### Step 2 – Creating an Account or Logging In:

Please Login   Many online services offered by the Agency require login for security reasons. If you are an existing user, please inter your user name and password in the box on the right.   Vew Users   iyou are a new user you may register for a free Citizen Access account. It only takes a few simple steps and you'll ave the added benefits of seeing a complete history of applications, access to invoices and receipts, checkling on the status of pending activities, and more.   Register Now >   Register Now >   Sign In   UserNAME OR EMAIL: *   In the status of pending activities, and more.   Sign In   Sign In   UserNAME OR EMAIL: *   Password? Sign In Remember me on this device Not Registered?
CREATE AN ACCOUNT

First-time users will need to register for an account. If you already have an account, find the login Screen, Log In and skip to **Step 3 – Creating an Application.** 

If you do not have an account, click "Create an Account". Here is a link to a YouTube video that can walk you through that process <a href="https://youtu.be/H5O0DMMtdyw">https://youtu.be/H5O0DMMtdyw</a>. Either click the link or copy and paste it into your browser. After creating your account, Log In and select the Health Tab on the menu.



### Step 3 – Creating an Application:

To create an application, you will need to know which area that you need the application from. Health encompasses Air Quality and Environmental Health. Contact Environmental Health Services if you have questions on the type of permit to apply for: 775-328-2434 (option 4)

To create a new Temp Food Vendor/Sampler/Producer Permit application, click the Create an Application by Agency link:

Home	Building	Busin	ess Licensing and	l Events	Enforcement	Engineering	Fire	Health Distr	rict Pla	inning	more 🔻	
Create	e an Applic	ation by	y Agency S	earch App	olications							
A		n										
Next yo	u click	con t	the Health	drop	down arr	ow						
	Home B	luilding	Business Licensing	and Events	Enforcement	Engineering	Fire	Health District	Planning	more	•	
	Create a	in Applic	ation by Agency	Search	Applications							
	Select Se	ervices										
			Search									
l	▶ Health											
	Continue	Applicat	tion									

Then select the Application you would like to create (circled in red font below). Click on the permit name and the circle will turn blue confirming the permit type selected. Next click "Continue Application":

Health

 Washoe County - Air Quality Asbestos
 Washoe County - Air Quality Dust Control
 Washoe County - Annual Food Event Permit
 Washoe County - Child Care Facility
 Washoe County - Child Care Facility
 Washoe County - Cottage Food Operation
 Washoe County - Farm-to-Fork
 Washoe County - Food Event Promoter Permit
 Washoe County - Food Event Promoter Permit
 Washoe County - Food Permit
 Washoe County - Food Permit Exemption

 Washoe County - Food Vendor Permit
 Washoe County - Food Vendor Permit
 Washoe County - Garbage Exemption

You can find a full list of requirements on our website <u>www.nnph.org</u>. Here is a brief description for the permits in this tutorial.

#### **Food Vendor Permit:**

A food establishment which operates at a fixed location temporarily, for a time-period not to exceed 14 days, at a special event or similar gathering. Examples: Hot August Nights, Balloon Races, Riverfest, or other temporary food events.

#### Annual Food Event Permit (choose this option for either of the following):

**Annual Sampler –** a person or business that sells individual sample portions of food/beverage at a special event or similar temporary gathering.

**Annual Producer –** a person or business that sells packaged nuts, eggs, or other agricultural products at a special event or similar temporary gathering.

#### Step 4 – Filling Out the Application Information.

Depending on your application, you will be asked for contact info for several parties. A green checkmark will signify that you have met the required criteria.

1 Application Information	2 Food Information	3 Review	4 Pay Fees	5 Record Issuance				
Step 1: Application Information>Contact Information								
Applicant								
To add new contacts, click the Select fro	m Account or Add New button. To edit a c	ontact, click the Edit link.						
Select from Account Add New Look Up								
Business Name	Business Name							
To add new contacts, click the Select from	m Account or Add New button. To edit a c	ontact, click the Edit link.						
Select from Account Ad	ld New Look Up							
Billing Contact								
To add new contacts, click the Select fro	m Account or Add New button. To edit a c	ontact, click the Edit link.						
Select from Account Ad	ld New Look Up							
Business Owner								
To add new contacts, click the Select fro	m Account or Add New button. To edit a c	ontact, click the Edit link.						
Select from Account Ad	ld New Look Up							
Save and resume later				Continue Application »				
You will need to a	dd a contact for e	ach of these type	s:					
Applicant:								
This is the person	filling out the app	lication.						
Business Name:								
This is the name o	of the establishme	ent.						
Billing Contact:								
The person or dep	ot responsible for	making and mana	aging the paymen	ts of this permit.				
Business Owner:								

The Person, LLC, or Corporation responsible for this business.

For each Contact type there are 3 options to add the information:

### 1. Select from Account (this will auto-populate from your ACA account info):

Click the button and select the address from your account after the box is checked click continue.

Select Contact from Account								
Washoe County Applicant	Washoe County Applicant							
Select contact addre	esses for this co	ontact to attach to the record.						
Showing 1-4 of 4								
Address Type	Recipient	Address						
Business		1001 E. Ninth St., Bldg. C						
Home		1001 E. Ninth St., Bldg, C						
Mailing		1001 E. Ninth St., Bldg. C						
Business		1001 E. Ninth St., Bldg. C						
Continue	liscard Chang	85						

#### 2. Add New:

You will need to fill out all fields and dropdowns then click the Add Additional Contact Address. The second window will pop up and here you will need to select the address type from a dropdown menu and fill in the fields. When complete click the "Save and Close" button

Contact Information		Contact Information	×
*Individual/Organization: Select		Contact Address Information	×
First: Middle: Last:		Address Type: Select	- 1
Name of Business:	Work Phone:	Address Line 1:	
	Mobile Phone:	Address Line 2:	- 1
*E-mail:	Preferred Channel:	Address Line 3:	
Contact Addresses  Add Additional Contact Address  To edit a contact address, click the address link.	U U U U U	City: State: ZIP Code: Country/Region: Select-  Save and Close Save and Add Another Clear Discard Changes	

3. Look Up (this will pull validated address information from the WC Assesor):

Fill In the fields and click the "Look Up" button

Select 🔻					
First:	Middle:	Last:	Home Pho	ne:	
			Primary Pho	ne Number	
Name of Busine	ess:		Work Phon	ie:	
DBA/Trade Nam	ne:		Mobile Pho	one:	
Address Line 1:					
City:	State:		Zip:	Country:	
				Select 🔻	
E-mail:					
SSN:	FEIN:	Birth Dat	e: 0	Gender:	
		MM/DD/Y	ryy 📰	○ Female ○ Male ○	

Check the box next to the address you would like to select and click continue.



Click the "Continue Application" button.

Save and resume later

Continue Application »

**NOTE:** At any point in the application process, you can click on "Save and resume later" to complete the application at another time. Your partially completed application will be saved in your profile. To resume an application, you will need to login and click on "My Records," find the application, and click on "Resume Application".

#### Step 5 – Track your Progress:

Follow the line above the application to see your progress.

1 Application Information	2 Food Information	3 Review	4 Pay Fees	5 Record Issuance
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### Step 6 – Filling Out the Food Information

Important information about the application will be in red text at the top of this section.

Annual Food Event Permit									
1 Application Information	2 Event Information	3 Review	4 Pay Fees	5 Record Issuance					

Step 2: Event Information > Event Information

Please submit applications at least 15 business days before the event starts. Applications and payments submitted within 7 business days of the event will be charged a late fee. Applications and payments submitted within 2 complete business days of the event will not be accepted.

The Red \* next to a field indcates a required field:

\*Business Name/DBA

Fill out all required fields below. Depending on the selections you make, more or less information will be requested.

**Detail Information** 

*Business Name/DBA	Business Name /DBA : What your customers know you by
*Detailed Description:	Detailed Description: What type of Products you are selling.

### **Event Details**

#### GENERAL INFORMATION

Click the question mark icon to receive clarification on the various fields.

*Permit Type: (?)	Temporary Food Establis
* Have you participated in previous events in Washoe County?:	Select Producer Sampling Temporary Food Establishment (TFE)
*Number of booths at Event with Same Menu. Note: Separate applications are required for different menus.:	1
*Name of Person-in-Charge (PIC). Note: PIC must be present at the event.:	John Doe
* PIC Contact Number:	
*PIC Email Address:	

#### TYPES OF FOOD

Types of Foods to be Served or Sampled at the Event

* Open, Non-TCS Food/Beverages:	?	🔿 Yes 💿 No
*Open/Prepared TCS Food/Beverages:	?	● Yes ○ No
*List all food/beverage items and describe how each will be prepared and served:		Frozen hamburger patties will be stored in ice chest, cooked on grill-top per order at the event. Whole lettuce, tomatoes, and
*Packaged TCS Foods/Beverages:	?	🔿 Yes 💿 No
* Other:		🔿 Yes 💿 No

### Acknowledgments Read and check the box next to each acknowledgment.

ACKNOWLEDGEMEI Review the following Term that failure to adhere to the	NTS s and Conditions for ese terms and conditi	Operation of a Special ons may result in furth	l Event Food Establis ner enforcement actio	hment and check the n, including permit su	box corresponding spension.	to each statement. By ch	necking the boxes, the applicant ackr	nowledges
*I have reviewed and this permit depends of Washoe County Distr	understand the upon acceptable ict Board of Hea	requirements of th compliance with th Governing Foo	his permit and of temporary foods od Establishments	operating a Spec ervice requireme s.:	ial Events Food nts as stated in (	Establishment. I un Chapter 170 and Ch	derstand that issuance and re apter 210 of the Regulations	etention of of the
* I understand that m in further enforceme ✓	y Special Events I nt action, includi	ood Establishmei ng assessment of	nt will be inspect reinspection fee	ed by the Health s and/or closure o	Authority. I undo of my Special Ev	erstand that failure ents Food Establish	to comply with food safety m ment.:	nay result
* I acknowledge that behavior against a pu of violence, abusive I Establishment. I under	interfering with t iblic officer is a vi anguage, unwarr erstand that Wasł	he Health Authori olation of NRS 19 anted physical co loe County emplo	ity's ability to per 9.3300 (Intimida ntact; and that p oyees will adhere	form their duties ting a public emp artaking in these to their Code of	is a violation of oloyee). I underst behaviors may r Conduct and wo	Nevada Revised Sta tand these behavior result in a closure of ork with me honest	utute (NRS) 446.885(3) and int rs include, but are not limited f my Special Events Food ly, respectfully, fairly, and cou	imidating to threats arteously.:
* I understand that m Establishment. I ackn ☑	y application is N owledge that rep	OT approved unti leat vendors whos	il I have been suc se menu has not	cessfully intervie changed may on	wed by an inspe ly receive one in	ctor regarding the o terview per year.:	operation of my Special Even	ts Food
Event Details								
<b>EVENT INFORMAT</b> Add a new row for ALL e etc.). TFE applications m	ON vents/dates. TFE APF ust fill out separate ap	LICANTS PLEASE NO	OTE: list a maximum parate/different event	of 14 recurring, non-c	consecutive dates for	the SAME event, menu	, and venue (i.e. Farmer's Markets, w	veekly events,
Showing 1-1 of 1								
Event Start Date	Event End Date	Event Start Time	Event End Time	Event Name	Event Location	Event Coordinator	Coordinator Phone Number	
06/14/2024	06/16/2024	08:00	12:00	Street Vibrations	Reno	Big Tom	555-555-5555	Actions 🗸
Add a Row 🛛 👻	Edit Selected	Pelete Selected						

You will need to click the "Add a Row" button to add a row (add 1 separate row per event).

EVENT INFORMATIO	N		×
Add a new row for ALL ever consecutive dates for the S must fill out separate applic	nts/dates. AME ever ations for	TFE APPLICANTS PLEASE NOTE nt, menu, and venue (i.e. Farmer's each separate/different event.	E: list a maximum of 14 recurring, non- Markets, weekly events, etc.). TFE applications
*Event Start Date:	()	*Event End Date:	*Event Start Time: 🕧
MM/DD/YYYY		MM/DD/YYYY	
*Event End Time:		*Event Name:	*Event Location:
* Event Coordinator:		*Coordinator Phone Nurr	nber:
Submit Cance	ι		

Click on the "Continue Application" button.

Save and resume later	Continue Application »
If you Try to continue before filling in all bo	xes you will get an error listing the missing fields.

$\otimes$	<b>27 error(s) occurred on current page.</b> Please click the specific error item below to navigate to the failed field and correct your input.
	1.Business Name/DBA Required
	2.Detailed Description: Required
	3.PIC Contact Number: Required
	more

### Step 7– Add Attachments:

To add an attachment, click the word "Add" in the lower left corner. Some applications require attachments to proceed to the next screen. These will be listed in RED text.

Attachments

Please upload any a Labels, Menu and O	dditional documents and ut of Jurisdiction Permit I	select the appropriate Documentation.	e document type for the dropdown	list. The following types of Documents can be uploaded: Application, External Correspondence,
The maximum file si ade;adp;bat;chm;cr Menu: Document ty	ze allowed is 1000 MB. nd;com;cpl;exe;hta;htm; pes required to submit tl	html;ins;isp;jar;js;jse; ne online application	lib;lnk;mde;mht;mhtml;msc;msp;r	nst;php;pif;scr;sct;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh;zip are disallowed file types to upload.
Name	Туре	Size	Latest Update	Action
No records foun	d.			

Add

Click the "Add" button to select the files you need to attach

File Upload ×	File Upload ×
The maximum file size allowed is 1000 MB.	The maximum file size allowed is 1000 MB.
ade;adp;bat;chm;cmd;com;cpl;exe;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mht	ade;adp;bat;chm;cmd;com;cpl;exe;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mht
are disallowed file types to upload.	are disallowed file types to upload.
Continue Add Remove All	NNPH-Tagline-Color.svg 100% Continue Add Remove All

Then select the "Continue" button

From the drop-down menu, select the type of document you are attaching. Then select the "Save" button.

Attachmer	nts			
Please upload any Labels, Menu and The maximum file	additional documents a Out of Jurisdiction Perm	nd select the appropriate it Documentation.	document type for the dropdov	vn list. The following types of Documents can be uploaded: Application, External Correspondence,
Menu: Document	types required to submi	t the online application	ID, INK, MOE, MINT, MINTM, MISC, MS	p.mscpnp.pin;scr,scc;snb;sys,vb;vbs;vbs;vxd,wsc;wst;wsn;zip are disallowed life types to upload.
Name	Туре	Size	Latest Update	Action
* Type: Select Select Application External Corresp Labels Menu Out of Jurisdictio	oondence		*	Remove
Save A	dd Remove All		*	

Click on the "Continue Application" button.

	Save and resume later		Continue Application »
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#### Step 8 – Review and Submit Application:

Review all items before proceeding. Once reviewed, click the "Continue Application" button.



You will receive a green checkmark and permit number (circled below) if your application was successfully submitted:

Step 3:Receipt/Record issuance
Confirmation
Your application(s) and/or complaint(s) has been successfully submitted. Please print your record(s) and retain a copy for your records.
No Address
WASHOE
H24-FDEVT- 0015-VENDOR Food Vendor Permit

Your application will be reviewed by Northern Nevada Public Health (NNPH), Environmental Health Services to ensure accuracy and correct fees are calculated. Please allow up to 2 business days for review. Once your application is reviewed, you will receive a confirmation email with instructions on how to proceed with payment to complete the application submittal process.

#### Step 9 – Pay Fees:

Once NNPH confirms your application is complete, you will receive an email to log into your online account to pay applicable fees.

Click on the My Records link, and then the Health District tab above:



You will see your permit under the Records tab. Click the Pay Fees Due link under the Action column:

Showing 1-10 of	70   Download results	Add to collection	on   Add to cart					
Date	Record Number	Record Type	Description	Project Name	Expiration Date	Status	Action	Short Notes
05/13/2024	H24-FDEVT-0015- VENDOR	Food Vendor F	Vermit			Fees Due	Pay Fees Due	J
Cart								
			<ul> <li>Payment</li> </ul>		z Receipt/Re	ecord		
1 Select item t Step 1: Selectick on the arrow atter link. PAY NOW	to pay ect item to pa ow in front of a ro	<b>ay</b> ow to display a	<sup>2</sup> information additional information. It	ems can be saved f	or a future chec	kout by clickir	ng on the Save for	
1 Select item t Step 1: Selec Click on the armater link. PAY NOW No Address Application(s Annual Food 24TMP-0003	to pay ect item to pa ow in front of a ro ow in front of a ro of I Stephine (1997) I Event Permit 399	<b>ay</b> ow to display a Total due:	<sup>2</sup> information additional information. It \$301.00 @ W.	ems can be saved f ASHOE	or a future chec	kout by clickir	ng on the Save for	
1 Select item t Step 1: Select Click on the armater link. PAY NOW No Address Application(s Annual Food 24TMP-0003 Fotal amoun Iote: This does n ime. Please call t ry again. Failure erify/complete y	ect item to pay ow in front of a ro ow in front of a ro s)   \$301.00 I Event Permit 399 It to be paid: \$ not include additior the jurisdiction belo to do so may result your payment.	ay ow to display a Total due: <b>301.00</b> nal inspection f ow to complete in multiple pa	2 information additional information. It \$301.00 () W. ees which may be assessed a payment. If you receive a yments being made. Please	ems can be saved f ASHOE I later. Payments of \$ ny error, or your payr e call the jurisdiction	<sup>3</sup> issuance for a future check 100,000 or more ment does not go of the record you	cannot be mad through on the are trying to p	e online at this e first try, DO NOT ay for and they will	
1 Select item t Step 1: Select Click on the armater link. PAY NOW Io Address Application(s Annual Food 24TMP-0003 Cotal amoun lote: This does r me. Please call t y again. Failure erify/complete s Checkout »	ect item to pay ect item to pay row in front of a ro s)   \$301.00 I Event Permit 399 At to be paid: \$ not include addition the jurisdiction belo to do so may result your payment. Edit Cart	ay ow to display a Total due: 301.00 nal inspection f ow to complet in multiple pa » Cont	2 information additional information. It \$301.00 @ W. ees which may be assessed a payment. If you receive a yments being made. Please inue Shopping »	ems can be saved f ASHOE I later. Payments of \$ ny error, or your payr e call the jurisdiction	for a future check for a future	cannot be mad through on the	e online at this first try, DO NOT ay for and they will	

You will receive confirmation of your payment via email (you can also print your receipt here if you like by selecting Print on the receipt).

		Receipt	
			Completed: 4/25/2024 11:38:18 AM    ID: 1227-ONE-1084900
Payment Confirmation Number:	20000261		
	Agency:		WASHOE_HEALTH
	Items:		1) Health/Food Event/Annual/NA - \$301.00
WASHOE COUNTY			24TMP-000399
	Convenience Fees:		\$0.00
HEALTH DISTRICT	Payment Method:		Credit Card
ENHANCING QUALITY OF LIFE	Total:		\$301.00
	Contact Information:	Phone:	775-328-2434
		Email:	washoe311@washoecounty.us
	Print	Continue	

Click Continue on the receipt to go to your OneNV Permit Dashboard. You will again see a green check mark if your payment was received successfully.



After the Fees have been paid your application will be assigned to an inspector for review. You may receive a phone call or email from the inspector to go over additional details on your application.