

## WASHOE COUNTY HEALTH DISTRICT ENVIRONMENTAL HEALTH SERVICES DIVISION 1001 East Ninth Street • PO Box 11130 • Reno, Nevada 89520 Telephone (775) 328-2434 • Fax (775) 328-6176

www.washoecounty.us/health



## 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:   |  |                       |   |
| 0   | 0.4                                    | 0                     | 710                                     |
| Street FARM-TO-FORK EVENT   | City S OPERATION                       | State                 | ZIP                                     |
| TAILIN TO FORK EVENTOR  |  |                       |   |
| 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.)  | ind rany respensions to                | and darety of the foo |   |
|   |  |                       |   |
| 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.)   |  |                       |   |
| (mility)  |  |                       |   |
| 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 establ                  | ishment for the rema  | inder of the vear and                   |
| is subject to all the requirements of NRS 446 (int.)  |  |                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Lundanstand that Luill be financially lights for any face and/or pasts in surred by the Lights Authority in regard to any investigation of feed   |  |                       |   |
| 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.) |  |                       |   |
| additional of roodborne inness complaints filed against my raffire on L   | vonto louria to de valla               | (1111.)               |   |
| OWNER'S SIGNATURE:  | DATE:                                  |                       |   |
| OFFICE USE ONLY:  |  |                       |   |
|   |  |                       |   |
| [ ] APPLICATION IS APPROVED [ ] APPLICATION IS NOT APPROVED   | ) ———————————————————————————————————— | ict Representative    | DATE:                                   |