



Carson City Health

900 East Long Street
Carson City, Nevada 89706
(775) 887-2190 Fax (775) 887-2248

Food Depot Authorization

Name of Depot: _____

Address of Depot: _____

Owner/Operator of Depot: _____

Telephone # of Depot: _____

Depot Permit #: _____

As owner/operator of the permitted food establishment located at the above address, I hereby grant the owner/operator of _____ approval to utilize my facility as a depot for purposes of making a food product. My facility is approved for use in the following capacities:

Garbage Disposal

Liquid Waste Disposal

Food Storage

Food Preparation

Utensil/Dishwashing

Authorized Signature from Depot

Date

Print Name