



NORTHERN NEVADA PUBLIC HEALTH  
 ENVIRONMENTAL HEALTH SERVICES DIVISION  
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**FOOD PROTECTION HEARING BOARD (FPHB)  
 APPEAL APPLICATION**

**Office Use Only**

Fee Paid \_\_\_\_\_  
 Date Paid \_\_\_\_\_  
 Cash/CC/Check \_\_\_\_\_  
 Receipt No. \_\_\_\_\_  
 Category Type \_\_\_\_\_

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Title of Regulations: Regulations of the District Board of Health Governing Food Establishments

Sections(s) Proposed for Appeal: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Appeal: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date Signed**

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 (Office Use Only)

Appeal Fee \_\_\_\_\_ Public Notice Dates \_\_\_\_\_