



CRITERIA FOR NO TRANS-FATS ON THE MENU – 5% ANNUAL FEE REDUCTION STARTING JANUARY 1, 2018

I, _____ am the owner/manager of _____ located at _____ (address). This establishment has eliminated Trans-Fats from our menu. I am requesting a 5% reduction of the annual fees for the following permit numbers _____.

I understand that I am required to keep an itemized list of all foods and their ingredients and nutritional information in a folder that is available to the Department for review prior to authorization of the permit fee reduction. The folder must be on-site of the permitted facility and accessible whenever an inspection is conducted. The 5% fee reduction is only redeemable at the time of my annual permit renewal. Should I qualify for the reduction after my annual permit renewal period, I understand it will be applied the following year.

I understand to receive the reduction that I must not have Trans Fat products on site. Should a Trans Fat product be present on-site, I understand this will result in the Department removing the permit from this incentive program for a minimum of a one-year period. To qualify for the incentive, I must ensure that no Trans Fat products are present in the establishment and the folder is present for review with an item that has replaced a typical product that contains Tran Fats. This form must be submitted at or before the time the permit is applied for or when annual renewal is made. The 5% reduction calculation is for the annual fee and does not apply to any late or plan review fees. This percentage will be rounded to the nearest whole dollar amount as stated in the Board Approved Fee Table.

Owner Signature

Name Printed

Date

Submit to:

**Pima County Health Department
Consumer Health & Food Safety Program
3950 S. Country Club Rd.
Tucson, AZ 85714
Attention: Amanda Anderson**