



**PIMA COUNTY HEALTH DEPARTMENT  
 CONSUMER HEALTH & FOOD SAFETY**  
 ABRAMS PUBLIC HEALTH CENTER  
 3950 S. COUNTRY CLUB RD, STE 100  
 TUCSON, AZ 85714  
 (520) 724-7908 FAX: (520) 724-9597

REASON:  
 New Owner   
 New Location   
 New Business   
 ROUTE TO: \_\_\_\_\_  
 SANITARIAN

**APPLICATION FOR PERMIT(S)**

Name of Establishment \_\_\_\_\_

Street Address \_\_\_\_\_  
 NUMBER STREET CITY ZIP CODE TELEPHONE

Mailing Address (IF DIFFERENT THAN ABOVE) \_\_\_\_\_  
 NUMBER STREET CITY ZIP CODE TELEPHONE

Name of Owner/Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 NUMBER STREET CITY ZIP CODE TELEPHONE

Previous Name of Establishment (if Applicable) \_\_\_\_\_

**PERMIT FOR:**

**PERMIT FEE: \***

FIXED FOOD ESTABLISHMENT (EXAMPLE –  
 RESTAURANT/BAR/FOOD/CATERER/PROCESSOR)

A  > 7500 SQ FT. \$ \_\_\_\_\_  
 B  2500 - 7500 SQ FT. \$ \_\_\_\_\_  
 C  < 2500 SQ FT. \$ \_\_\_\_\_

MOBILE UNIT – TYPE \_\_\_\_\_

\$ \_\_\_\_\_ PER VEHICLE OR PUSH CART  
 x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

PUBLIC/SEMI-PUBLIC POOL/SPA (APT., M.H.P.,  
 CONDO/HOMEOWNERS ASSOCIATION)

\$ \_\_\_\_\_ SPA x \_\_\_\_\_ = \$ \_\_\_\_\_  
 \$ \_\_\_\_\_ POOL x \_\_\_\_\_ = \$ \_\_\_\_\_

HOTEL/MOTEL/TOURIST COURT/GUEST RANCH/  
 BED & BREAKFAST

A  75+ ROOMS \$ \_\_\_\_\_  
 B  20-75 ROOMS \$ \_\_\_\_\_  
 C  < 20 ROOMS \$ \_\_\_\_\_

MOBILE HOME PARK/RECREATIONAL VEHICLE  
 PARK (R.V. PARK)\*

A  100+ LOTS \$ \_\_\_\_\_  
 B  2-99 LOTS \$ \_\_\_\_\_

Other \_\_\_\_\_

Name of Certified Operator \_\_\_\_\_ Certificate Expires \_\_\_\_\_  
 POOL  FOOD  YEAR MONTH DAY

Signature of Applicant \_\_\_\_\_

**FOR OFFICE USE ONLY**

ESTABLISHMENT I.D. \_\_\_\_\_

TOTAL FEES PAID \$ \_\_\_\_\_ DATE PAID: YR. \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_ PROGRAM ELEMENT \_\_\_\_\_

PERMIT ISSUED \_\_\_\_\_ DATE BY: \_\_\_\_\_ SANITARIAN \_\_\_\_\_

PERMIT EXPIRES ONE (1) YEAR FROM ISSUE DATE.