



PIMA COUNTY HEALTH DEPARTMENT
CONSUMER HEALTH & FOOD SAFETY
 ABRAMS PUBLIC HEALTH CENTER
 3950 S. COUNTRY CLUB RD, STE 100
 TUCSON, AZ 85714
 (520) 243-7908 FAX: (520) 628-9597

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:

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 _____ BY: _____ SANITARIAN _____
 DATE

PERMIT EXPIRES ONE (1) YEAR FROM ISSUE DATE.