

**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 _____ BY: _____ SANITARIAN _____
 DATE

PERMIT EXPIRES ONE (1) YEAR FROM ISSUE DATE.