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

Print Form

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: *** ← Click for fee information

☐ 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 _____ POOL ☐ FOOD ☐
Certificate Expires _____
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.