



## Environmental Health Services Permit Application

Please check all that apply:

- New Construction (Plans required)
  Remodel of existing facility (Plans required)
  Change of Ownership (Former Name: \_\_\_\_\_)
  Reopening existing facility closed for more than 120 days

### Establishment Information

Name of Facility: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_  
Street Address City State Zip

Mailing Address (for billing purposes): \_\_\_\_\_  
P.O. Box / Street Address City State Zip

### Applicant Information

Owner or Corporation Name: \_\_\_\_\_

Owner or Corporation Address: \_\_\_\_\_  
Street Address City State Zip

Owner or Corporation Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

I hereby consent to inspection by Pinal County Environmental Health Services. I acknowledge that receipt and retention of this Permit depends on compliance with Law.

Signature of Applicant: \_\_\_\_\_ Date Signed: \_\_\_\_\_

### All Permit Types

**Sewage Disposal:**  Private  Public **Water Supply:**  Private  Public **Refuse Disposal Company:** \_\_\_\_\_

**Months of Operation:**  Jan  Feb  Mar  Apr  May  June  July  Aug  Sept  Oct  Nov  Dec

**Business Hours:** \_\_\_\_\_ A.M./P.M. to \_\_\_\_\_ A.M./P.M. Days:  Sun  Mon  Tue  Wed  Thurs  Fri  Sat

### Food Service Establishments

The Environmental Health Services Department offers optional on-site consultations as a part of this process. There is a fee for this consultation. Are you requesting an on-site consultation above and beyond the regular inspection and permitting process?  Yes  No

Type of Establishment:  Restaurant  Bar  Restaurant and Bar  Other \_\_\_\_\_

Is the establishment mobile or stationary?  Mobile (requires commissary agreement)  Stationary

Is the establishment temporary or permanent?  Temporary (requires separate application)  Permanent

Please include a menu and/or business plan with your application. Does the establishment do any of the following? (Check all that apply):

- Does not prepare food, but offers for sale only pre-packaged foods that is not potentially hazardous food.
  Prepare, offer for sale, or serve potentially hazardous foods.
  Only to order on consumer request.
  In advance in quantities based on projected consumer demand.
  Using time alone, rather than time and temperature, as the public health control as in § 3-501.19.
  In advance using a multiple stage food preparation method including the following:
  Combining potentially hazardous food ingredients  Hot or cold holding
  Cooking  Freezing
  Cooling  Thawing
  Reheating
  For delivery to and consumption at a location off the premises where prepared.
  For a highly susceptible population.

#### ENVIRONMENTAL HEALTH SERVICES



PINAL COUNTY  
wide open opportunity

### Motel or Hotel

Number of Rooms or Units: \_\_\_\_\_

Do you have a continental breakfast?  Yes  No If Yes, a food service establishment permit is required.

Do you provide patrons with multi-use glassware or dishware?  Yes  No

### Mobile Home / RV Park / Campgrounds

Type of Pool:  Mobile Home/RV Park  Campground

Number of Spaces: Permanent: \_\_\_\_\_ Itinerant (RV): \_\_\_\_\_ Total: \_\_\_\_\_

Do you have a service building or clubhouse?  Yes  No

Do you provide food service?  Yes  No If Yes, a food service establishment permit is required. Answer 'No' for potlucks only.

Do you provide restrooms and/or showers?  Yes  No

Do you provide laundry facilities?  Yes  No

### School Grounds

Type of School:  Public  Charter

Projected Enrollment: Boys: \_\_\_\_\_ Girls: \_\_\_\_\_

Do you provide food service?  Yes  No If Yes, a food service establishment permit is required.

Do you provide restrooms and/or showers?  Yes  No Number: Boys: \_\_\_\_\_ Girls: \_\_\_\_\_

### Swimming Pools

Type of Pool:  Pool  Spa  Pool/Spa (One Location)

For newly constructed or renovated pools, please include Engineer's Certificate of Completion, or equivalent notification, issued by the Arizona Department of Environmental Quality.

#### FOR DEPARTMENTAL USE ONLY

Date Application Submitted: \_\_\_\_\_ Application Received By: \_\_\_\_\_

Consultation Requested:  Yes  No Date of Consultation: \_\_\_\_\_

Lawful Presence Determined By: \_\_\_\_\_

Permit Type: \_\_\_\_\_ Risk Classification: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Pre-Opening Inspection Date: \_\_\_\_\_ Opening Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

**Approval:**  Recommended  Denied

Notes (Reason for Denial): \_\_\_\_\_

#### Fees

Consultation Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Permit Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Pre-Operational Inspection Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_

#### ENVIRONMENTAL HEALTH SERVICES