



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 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