



Fixed and Mobile Food Establishment

Permit Application

Tribal Health Department
Environmental Health Services
Post Office Box 147
433 W. Seed Farm Rd
Sacaton, AZ 85147
Office: (520) 562-5100
Fax: (520) 562-5196
EHSHelpDesk@gric.nsn.us

Submit this application at least 30 calendar days before the date planned for opening.

* As Applicable

- (1) Name of Establishment: _____
- (2) *Previous Name of Establishment: _____ *Previous Permit No. _____
- (3) Business Owner's Name: _____
- (4) Owner's Address: _____
ADDRESS ZIP CODE
- (5) *Mailing Address: _____
ADDRESS ZIP CODE
- (6) Business Address: _____
ADDRESS ZIP CODE
- (7) Phone No. _____ Phone No. _____ Email: _____
OWNER BUSINESS
- (8) *Vehicle License Plate: _____ *VIN (Last 5 digits) _____

TYPE OF PERMIT APPLYING FOR

PLEASE CHECK ALL THAT APPLY FOR YOUR OPERATION

- | | |
|--|--|
| <input type="checkbox"/> Fixed Food Establishment
(ie. Restaurant, Bar, Retail Food, Caterer, etc.) | <input type="checkbox"/> Prepares, offers for sale or serves potentially hazardous food : <ul style="list-style-type: none"> <input type="checkbox"/> Only to order upon a consumer's request <input type="checkbox"/> In advance in quantities based on projected demand <input type="checkbox"/> Uses time as the public health control |
| <input type="checkbox"/> Mobile Food Establishment <ul style="list-style-type: none"> <input type="checkbox"/> Level 1: Frozen Food Vendor <input type="checkbox"/> Level 2: Pushcart <input type="checkbox"/> Level 3: Full Food Service | <input type="checkbox"/> Prepares food for delivery to and consumption at a location off the premises of the where it was prepared.
<input type="checkbox"/> Prepares food that is not potentially hazardous
<input type="checkbox"/> Does not prepare, but offers for sale only prepackaged non-potentially hazardous foods. |

I hereby consent to inspection by the Gila River Indian Community, Tribal Health Department (THD), Environmental Health Services (EHS). I acknowledge that receipt and retention of this permit depends on compliance with applicable Gila River Indian Community codes and ordinances. I further understand that Field Consultation Evaluations, and a Pre-operational Inspection of the establishment with equipment in place and operating will be necessary to determine if it complies with adopted standards. Submittal of this application does not guarantee permit approval and HRD - EHS reserves the right to deny applications which are not submitted within 30 calendar days of the proposed opening.

I attest that the information contained within this application is true and accurate to the best of my knowledge.

PRINT NAME SIGNATURE DATE

FOR EHS ADMINISTRATIVE USE ONLY

Received By: _____ Date Received: _____ <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> <small style="text-align: center;">NOTES</small>	Approved By: _____ Permit No. _____ <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> <small style="text-align: center;">NOTES</small>
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