



Cochise County
Health and Social Services

APPLICATION		
Type of Work:	Date:	
<input type="checkbox"/> New Construction (Plan review fee \$300) <input type="checkbox"/> Remodeling Existing Facility (Fee to be determined) <input type="checkbox"/> Reopening Existing Facility that has been closed (Plan review fee \$300)	<input type="checkbox"/> Name Change <input type="checkbox"/> Change of Ownership (Inspection fee \$125) <input type="checkbox"/> Mobile Food Unit** (Plan review fee \$200) (provide **Commissary Information)	
TYPES OF PERMITTED FACILITIES:		
<input type="checkbox"/> Bakery <input type="checkbox"/> Drinking Establishment <input type="checkbox"/> Eating Establishment <input type="checkbox"/> Mobile Food Unit <input type="checkbox"/> Meat Market <input type="checkbox"/> Retail Outlet <input type="checkbox"/> Food Bank <u>Institutional Eating</u> <input type="checkbox"/> Detention Facility <input type="checkbox"/> Hospital <input type="checkbox"/> Long Term Care Facility	<input type="checkbox"/> Children's Camp <input type="checkbox"/> Food Processor/Vending Machine (TCS) Site # of sites per building ____ <input type="checkbox"/> Day Care Eating <input type="checkbox"/> School Campus (safety inspection) <u>School Eating</u> <input type="checkbox"/> Satellite serving kitchen <input type="checkbox"/> Full Kitchen	<input type="checkbox"/> Motel/Hotel/B&B/Lodging # of rooms ____ <input type="checkbox"/> Swimming Pool Only <input type="checkbox"/> Spa Only <input type="checkbox"/> Pool/Spa Combination # of pools ____ spas ____ <input type="checkbox"/> Septic Pumper # of trucks ____ <input type="checkbox"/> Mobile Home # of sites ____ <input type="checkbox"/> RV # of sites ____
FACILITY INFORMATION		
Name of Facility:	Phone:	
Name of Contact Person:	Phone:	
Physical Address of Facility:		
Mailing Address (for billing purposes):		
Email:		
BUSINESS INFORMATION		
Business Owner and/or Corporation Name	Phone:	
(EH Dept only: ID verification form for new businesses attached)		
Name of Contact Person:	Phone:	
Mailing Address:		
Email:		
Name of Contact Person for Plan Status Notification:	Phone:	



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Email of Contact Person for Status Notification:	
Commissary Information must be provided for Mobile Food Unit ONLY	
Name of Commissary:	
Address:	
Email:	
Contact person:	Phone:
Permit#:	County:

ESTABLISHMENT INFORMATION	
Hours of Operation	
Sunday:	
Monday:	
Tuesday:	
Wednesday:	
Thursday:	
Friday:	
Saturday:	
Number of Seats:	
Number of Staff:	
Total Square Feet of Facility:	
Number of Floors on which operations are conducted:	
Maximum Meals to be served (approximate number)	
Breakfast:	
Lunch:	
Dinner:	
Projected Start Date of Project:	
Projected Completion Date of Project:	
Type of Service (check all that apply)	
Sit Down Meals <input type="checkbox"/> Take Out <input type="checkbox"/>	Caterer <input type="checkbox"/> Mobile Vendor <input type="checkbox"/> Other <input type="checkbox"/>



A.R.S. Section 11-1604

- A.** A county shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule, ordinance or delegation agreement. A general grant of authority does not constitute a basis for imposing a licensing requirement or condition unless the authority specifically authorizes the requirements or condition.
- B.** Unless specifically authorized, a county shall avoid duplication of other laws that do not enhance regulatory clarity and shall avoid dual permitting to the maximum extent practicable.
- C.** This section does not prohibit county flexibility to issue licenses or adopt ordinances or codes.
- D.** A county shall not request or initiate discussions with a person about waiving that person's rights.
- E.** This section may be enforced in a private civil action and relief may be awarded against a county. The court may award reasonable attorney fees, damages, and all fees associated with the license application to a party that prevails in an action against a county for a violation of this section.
- F.** A county employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the county's adopted personnel policy.
- G.** This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02

It is agreed the above-named business will be conducted in accordance with the appropriate State & County Health Department Regulations.

Signature: _____

Date: _____