



Cochise County Environmental Health PERMIT APPLICATION

Please check one:

Date: _____

- New Construction
- Name Change
- Mobile Food Unit (please list *Commissary Information)
- Reopening Existing Facility that has been closed
- Remodeling Existing Facility
- Change of Ownership
- Annual Food Vendor

Name of Facility: _____ Telephone: (____) _____

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

Owner or Corporation Name: _____

Owner or Corporation Address: _____
Street Address City State Zip

Owner or Corporation Phone: (____) _____ Email: _____

*For Mobile Food Units Commissary Information: _____
Street Address City State Zip

Sewage Disposal: Private Public Water Supply: Private Public

Refuse Disposal Method (Please Provide Name of Company): _____

Months Facility Will Be In Operation: Jan Feb Mar Apr May June July Aug Sept Oct Nov
 Dec

Business Hours: _____ am/pm to _____ am/pm Days Of Week Closed: _____

TYPES OF PERMITTED FACILITIES:

- | | | |
|--|--|--|
| <input type="checkbox"/> Bakery/Deli | <input type="checkbox"/> School Eating | <input type="checkbox"/> Spa Only |
| <input type="checkbox"/> Day Care Eating | <input type="checkbox"/> Satellite (serving) Kitchen | <input type="checkbox"/> Swimming Pool Only |
| <input type="checkbox"/> Drinking Establishment | <input type="checkbox"/> Full Kitchen | <input type="checkbox"/> Pool/Spa Combination |
| <input type="checkbox"/> Eating Establishment | <input type="checkbox"/> School Campus (safety Inspection) | # of pool/spas _____ |
| <input type="checkbox"/> Institutional Eating | <input type="checkbox"/> Children's Camp | <input type="checkbox"/> Septic Pumper |
| <input type="checkbox"/> Detention Facility | <input type="checkbox"/> Annual Food Vendor | # of trucks _____ |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Mobile Food Unit | <input type="checkbox"/> Motel/Hotel/B&B/Lodging |
| <input type="checkbox"/> Long Term Care Facility | <input type="checkbox"/> Food Processor | # of rooms _____ |
| <input type="checkbox"/> Retail Outlet | <input type="checkbox"/> Mobile Home/RV Park | |
| | # spaces _____ | |
| <input type="checkbox"/> Meat Market | <input type="checkbox"/> Vending Machine (TCS) Site | |
| <input type="checkbox"/> Food Bank | # of sites per building _____ | |

ARS 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: _____