

**GREENLEE COUNTY HEALTH DEPARTMENT
FOOD, LODGING, AND POOL PERMIT/LICENSE APPLICATION**

I/We hereby make application to the Greenlee County Health Department for a permit/license to operate a:

Restaurant___ Retail Food___ Mobile Food___ Bar___ Mobile Home/RV Park___ Motel___ Hotel___

Bed & Breakfast___ Swimming Pool___ Ice Manufacturing___ Other_____

New Application___ Renewal Application___

ESTABLISHMENT: Name: _____ Phone #: _____

Physical Address: _____

Mailing Address_____

OWNER: Name: _____ Phone #: _____

Mailing Address_____

OPERATOR: Name: _____ Phone #: _____

Mailing Address_____

Owner / Operator / License Holder Email Address: _____

WATER SUPPLY: Public___ Private___ SEWAGE: Public___ Private, to include type_____

METHOD OF SOLID WASTE DISPOSAL (i.e., trash/garbage service):_____

Number of (if applicable): Dining Rooms___ Seating Capacity___ Sites___

I/We understand that after issuance of the Health Department Permit requested, the Health Director or his authorized representatives shall have the right to enter the premises of this establishment at any reasonable time to inspect, conduct tests, or collect samples as required.

Signature of Applicant or Person Authorized by Applicant to Sign This Application:

_____ Title: _____

Address: _____ City/State_____ Zip Code_____

For Health Department Use

Type of Permit: Food Service Mobile Seasonal Institutional Retail Food Bar
Hotel/Motel/Trailer or RV Park Ice Pool Bed & Breakfast Other_____

Approved for Permit___ Date Permit Signed: _____ Permit Signed by: _____

Permit Number: _____ Date Permit Mailed/Hand Delivered: _____ Permit Expiration Date: _____

Remarks: