



Maricopa County

Environmental Services Department

John Kolman M.B.A., R.S.
1001 North Central, Ste 695
Phoenix, Arizona 85004-1950
Phone: (602) 372-1778
Fax: (602) 372-0904
TDD: (602) 506-6704

APPLICATION FOR FEE WAIVER

As stated in the Maricopa County Environmental Health Code, "No permit shall be issued, and no permit is valid, until the permit fee is received by the Department, except that the operator of a charitable nonprofit establishment (which operates to provide relief solely to the poor, distressed or underprivileged) may apply to the Board of Health for a waiver of permit fee. A waiver of fee may be granted only to the operator of an establishment, which maintains a current 501(c)(3) tax exempt designation from the Department of Treasury, Internal Revenue Service, who demonstrates to the Board of Health that payment of said fee will cause financial hardship. Board of Health granted fee waivers expire pursuant to the required permit listing in section c of this regulation. Application for a permit fee waiver shall be made using forms provided by the Department."

Fee waiver applications are presented to the Board of Health by the Maricopa County Environmental Services Department for processing. Expired permits are not eligible for fee waiver consideration, e.g., fee waiver applications submitted for Temporary Food Service Establishments after the event date. Send the completed application and supporting documentation to the Maricopa County Environmental Services Department, 1001 N. Central Avenue, Suite 695, Phoenix, Arizona 85004.

ESTABLISHMENT OPERATOR OR MANAGER: _____

ESTABLISHMENT NAME: _____

ESTABLISHMENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ESTABLISHMENT TYPE: (e.g., restaurant) _____

FOR THE PURPOSE OF THIS APPLICATION THE OPERATOR OF THE ESTABLISHMENT MUST MAINTAIN A CURRENT 501(c)(3) TAX EXEMPT DESIGNATION FROM THE DEPARTMENT OF THE TREASURY, INTERNAL REVENUE SERVICE. PLEASE SUBMIT A COPY OF YOUR CURRENT 501(c)(3) TAX EXEMPT DESIGNATION LETTER AND TAX FORM 990 WITH THIS APPLICATION.

APPLICATION FOR FEE WAIVER

WHAT SERVICES ARE PROVIDED BY THE ESTABLISHMENT SOLELY FOR THE POOR, DISTRESSED OR UNDERPRIVILEGED?

DOES YOUR ORGANIZATION PERFORM ANOTHER FUNCTION TO THE COMMUNITY IN ADDITION TO ASSISTING THE POOR, DISTRESSED OR UNDERPRIVILEGED? _____ IF YES, DESCRIBE THE ADDITIONAL FUNCTION(S).

HOW WILL THE PERMIT FEE PAYMENT CAUSE FINANCIAL HARDSHIP FOR THE ORGANIZATION?

As the responsible agent for the above mentioned organization, I certify the information on this application and the attached document(s) is true and correct.

APPLICANT'S PRINTED NAME: _____ DATE: _____

APPLICANT'S TITLE: _____

APPLICANT'S PHONE: _____

APPLICANT'S SIGNATURE: _____