



MARICOPA COUNTY  
ENVIRONMENTAL SERVICES DEPARTMENT  
1001 N. Central Avenue  
Phoenix, Arizona 85004

## PERMIT/APPROVAL APPLICATION PROCESS

1. Steps required to obtain a Food or Non-Food permit/approval are provided on this application.
2. The applicable licensing time frames stem from A.A.C 41-1072  
The overall time frame for review is 180 days with 60 days for administrative review and 120 days for the substantive review.
3. If there are questions about the application process or assistance is needed please contact a Development Services Technician at 602-506-6984.
4. The Department's website is located at <http://maricopa.gov/EnvSvc/>
5. You may receive clarification from the Department of its interpretation or application of a statute, ordinance, regulation, delegation agreement or authorized substantive policy statement as provided in A.R.S. §11-1609.



**Maricopa County Environmental Services Department  
Environmental Health Division – Plan Review Program  
New Business Permit Application**

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<http://www.maricopa.gov/envsvc/envhealth>

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To open a food/drink service establishment, public school, hotel, or pet shop/pet groomer, you must complete one of the 3 following processes to obtain a permit to operate.

- A. If you are constructing a new business, remodeling a previously permitted establishment or you will be operating from a fully completed space (e.g. church kitchen) that has never held a Maricopa County Environmental Services Department (Department) permit to operate, you must complete and submit a Plan Review Application, the required fee and your plans to the Department prior to beginning construction/modification. Please visit the [plan review program website](#) to view forms and instructions on how to complete this process.
- B. If you are purchasing an existing business permitted by this Department, are re-opening a previously closed business, or are opening a business in a shared/commissary facility, you must complete and submit the New Business Permit Application along with the fee to the Plan Review Program located at the above address. Business hours are Monday through Friday from 8am to 5pm. **All applications must be submitted in person. Mailed applications will not be processed.** At the time of your application submittal, an inspection request will be logged and an inspector will call you to confirm the inspection. The inspection will be conducted to evaluate the facility for compliance. If the facility meets current Maricopa County Environmental Health Code (MCEHC) standards at the time of inspection, the operating permit will be approved.
- C. If your business was posted closed by the Department due to permit fee payment lapses, your permit is invalid. To obtain a new permit, you are required to apply for a New Business Permit and must follow all instructions described in paragraph B above.

As stated above, the facility must meet current MCEHC standards. The Environmental Health Code does not 'grandfather' any part of an establishment regardless of the current condition or how the existing business was originally permitted. All new permits must meet and/or upgrade to current code standards. If the establishment does not meet minimum standards, a Cease & Desist Order will be requested. Once the Order is in place, the business must close and remain closed until the Department provides the facility owner formal approval to open. Additionally, if noncompliance areas are extreme, a plan submittal for repairs will be required.

***No application for permit shall receive approval, no permit shall be issued and no facility for which a permit is required shall be placed in operation until the applicant demonstrates to the Department full compliance with the provisions of this Environmental Health Code.***

Although all permit holders must comply with the Environmental Health Code, operators may require Department guidance to effectively evaluate an establishment to determine if it meets current standards. The Department offers an evaluation tool that prospective operators can utilize, prior to acquiring ownership or entering into a lease agreement. This tool is referred to as an [Inspection Upon Request](#) and requires a \$240 fee. **If the prospective business is still in operation, the application must be completed and signed by the current business owner, not the prospective owner.** If the business is closed and does not currently possess a valid Department permit, the prospective owner should complete and submit the Inspection Upon Request application. The inspection will provide the applicant a written report of noncompliant issues.



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In addition, a prospective owner may review Department public facility records upon request. If you have questions or concerns regarding the opening of a new business, please review the [Plan Review Minimum Requirements for Establishments](#) and the [Construction Guide](#) found on the Plan Review Program website.



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***ILLEGIBLE OR INCOMPLETE APPLICATIONS WILL BE REJECTED!***

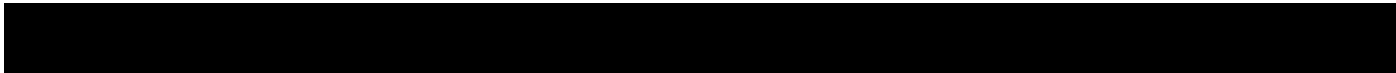
**PROVIDE BUSINESS & OWNER INFORMATION BELOW (Please Print)**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_



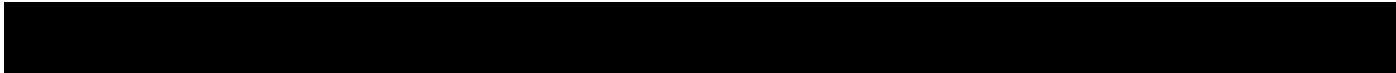
Business Owner Name (e.g. LLC, Corp, or Sole Proprietor): \_\_\_\_\_

Business Owner Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Owner Phone: \_\_\_\_\_ Business Owner Fax: \_\_\_\_\_

Business Owner Email: \_\_\_\_\_



Billing Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Phone: \_\_\_\_\_ Billing Fax: \_\_\_\_\_

Billing Email: \_\_\_\_\_

**Please provide the following information for inspection requests:**

Contact Name:	Phone:
Effective Date of Owner Change:	



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Please provide the following information

All Permit Types							
<b>Hours of Operation:</b>							
<b>Type of Water Service (circle one):</b>		Municipal	Well	Other			
<b>Name of Water Service Provider / PWS #:</b>							
<b>Type of Sewer Service (circle one):</b>		Municipal	Septic System	Other			
<b>Name of Sewer Service Provider / Permit #:</b>							
Food Service Permits							
<b>Menu Type (circle up to 3):</b>		American	Hispanic	Asian	German	Indian	African
		Arabic	Vegetarian	Other			
<b>Type of Service (circle one):</b>		All Day Service	Breakfast Only	Lunch Only	Dinner Only		
		Breakfast & Lunch	Lunch & Dinner	24 Hour Service	Other		
<b>Seating Capacity:</b>							
<b>Water Heater Capacity (ga.):</b>			<b>Recovery Rate (ga./hr):</b>				
<b>Do you provide an outdoor smoking patio?</b>		Yes	No				
<b>Will there be any outdoor food or bar service?</b>		Yes	No				
<b>Are there any doors or wall systems leading to the outside that are not self-closing?</b>					Yes	No	
<b>Will you be conducting any of the following processes (circle all that apply)?</b>							
Vacuum Packaging	Canning or Jarring	Bare Hand Contact	Acidifying Foods	Smoking Meats			
Public Accommodation Permits							
<b>Type of Operation (circle one):</b>		Hotel/Motel	Boarding Home	Bed & Breakfast	Other		
<b>Number of Rooms/Units:</b>		<b>Do you provide patrons multiuse glassware?</b>			Yes	No	
<b>Do any rooms have kitchenettes which include reusable dishware?</b>				Yes	No		
Public School Ground Permits							
<b>Type of School (circle one):</b>		Public	Charter	<b>Grade levels:</b>			



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<b>Population</b>	<b>Male Students:</b>	<b>Female Students:</b>	<b>Staff:</b>
<b>Is food or other concession service provided on the grounds?</b>		<b>Yes</b>	<b>No</b>
<b>Pet Shop/Groomer Permits</b>			
<b>Type of Operation (circle one):</b>		<b>Pet Shop</b>	<b>Pet Groomer</b>

**Delivery of Inspection Reports**

Pursuant to A.R.S. § 41-1009, the Department may enter your establishment to conduct inspections. You have the right to receive a copy of the Department’s inspection report at the time of the inspection, within thirty (30) days after the inspection, or as otherwise provided by federal law. By signing below, I agree that the Department may send me a copy of its inspection report by e-mail to the following email address or by facsimile transmission to the following fax number. It is the responsibility of the permit holder to update the Department if there is a change in contact information.

<b>Email Address:</b>	
<b>Fax Number:</b>	<b>Signature:</b>

**I hereby certify that the above information is correct and these documents comply with the Maricopa County Health Code, and I fully understand that any deviation from the above without prior permission from this Environmental Health Regulatory Office may nullify final approval.**

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<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
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**NOTE:** Approval of the permit(s) by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local.





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## **A.R.S. §11-1602: REGULATORY BILL OF RIGHTS**

A. TO ENSURE FAIR AND OPEN REGULATION BY COUNTIES, A PERSON:

1. IS ELIGIBLE FOR REIMBURSEMENT OF FEES AND OTHER EXPENSES IF THE PERSON PREVAILS BY ADJUDICATION ON THE MERITS AGAINST A COUNTY IN A COURT PROCEEDING REGARDING A COUNTY DECISION AS PROVIDED IN A.R.S. §12-348.
2. IS ENTITLED TO RECEIVE INFORMATION AND NOTICE REGARDING INSPECTIONS AS PROVIDED IN A.R.S. §11-1603 (*EFFECTIVE JUNE 30, 2012*).
3. IS ENTITLED TO HAVE A COUNTY NOT BASE A LICENSING DECISION IN WHOLE OR IN PART ON LICENSING CONDITIONS OR REQUIREMENTS THAT ARE NOT SPECIFICALLY AUTHORIZED AS PROVIDED IN A.R.S. §11-1604.
4. MAY HAVE A COUNTY APPROVE OR DENY THE PERSON'S LICENSE APPLICATION WITHIN A PREDETERMINED PERIOD OF TIME AS PROVIDED IN A.R.S. §11-1605 (*EFFECTIVE DECEMBER 31, 2012*).
5. IS ENTITLED TO RECEIVE WRITTEN OR ELECTRONIC NOTICE FROM A COUNTY ON DENIAL OF A LICENSE APPLICATION (*EFFECTIVE DECEMBER 31, 2012*):
  - (A) THAT JUSTIFIES THE DENIAL WITH REFERENCES TO THE STATUTE, ORDINANCE, REGULATION, DELEGATION AGREEMENT OR AUTHORIZED SUBSTANTIVE POLICY STATEMENTS ON WHICH THE DENIAL IS BASED AS PROVIDED IN A.R.S. §11-1605.
  - (B) THAT EXPLAINS THE APPLICANT'S RIGHT TO APPEAL THE DENIAL AS PROVIDED IN A.R.S. §11-1605.
6. IS ENTITLED TO RECEIVE INFORMATION REGARDING THE LICENSE APPLICATION PROCESS AT THE TIME THE PERSON OBTAINS AN APPLICATION FOR A LICENSE AS PROVIDED IN A.R.S. §11-1606.
7. MAY INSPECT ALL ORDINANCES, REGULATIONS AND SUBSTANTIVE POLICY STATEMENTS OF A COUNTY, INCLUDING A DIRECTORY OF DOCUMENTS, AT THE OFFICE OF THE COUNTY OR ON THE COUNTY'S WEBSITE AS PROVIDED IN A.R.S. §11-1607.
8. UNLESS SPECIFICALLY AUTHORIZED, MAY EXPECT COUNTIES TO AVOID DUPLICATION OF OTHER LAWS THAT DO NOT ENHANCE REGULATORY CLARITY AND TO AVOID DUAL PERMITTING TO THE MAXIMUM EXTENT PRACTICABLE AS PROVIDED IN A.R.S. §11-1604.
9. MAY FILE A COMPLAINT WITH THE BOARD OF SUPERVISORS CONCERNING AN ORDINANCE, REGULATION OR SUBSTANTIVE POLICY STATEMENT THAT FAILS TO COMPLY WITH A.R.S. §11-1602.