Maricopa County Environmental Services Department
Environmental Health Plan Review Program
Plan Review Application
1001 N. Central Ave. #100 Phoenix, AZ 85004 Phone: (602)506-6980
Esplanreview@mail.maricopa.gov

MICROMARKET PERMIT APPLICATION

Follow all instructions below to ensure a complete application and to avoid delays in the application review process.

Reviewing the following information is required before submitting and obtaining a permit::

(Checking the box will provide you with the link to the required information. COPY and PASTE the links into your Internet browser if they check boxes fail to work.)

☐	**Micro Market Guidance**	http://www.maricopa.gov/EnvSvc/EnvHealth/pdf/Micro%20Market.pdf
☐	**Responsibilities to Qualify for a Permit**	http://www.maricopa.gov/EnvSvc/EnvHealth/pdf/Responsibilities%20for%20a%20Permit.pdf
☐	**Notice of Inspection Rights**	http://www.maricopa.gov/EnvSvc/AboutUs/pdf/Notice%20of%20Inspection%20Rights.pdf
☐	**Regulatory Bill of Rights**	http://www.maricopa.gov/EnvSvc/AboutUs/pdf/Regulatory%20Bill%20of%20Rights.pdf

Application Steps

1. Fill out and submit your application
2. Our office will review, assess the required fees, and send you your confirmation
3. Pay fees (via online, in person, over the phone, fax, or by mail)

Make checks payable to MCESD. We also accept Visa, Mastercard, American Express and Discover.
If submitting application electronically, payment can be made via online once the application is accepted and reviewed.

Maricopa County Environmental Services Department
Environmental Health Plan Review Program
New Business Application
1001 N. Central Ave. #100 Phoenix, AZ 85004 Phone: (602)506-6980
Esplanreview@mail.maricopa.gov

BUSINESS INFORMATION (Name on Establishment)

Business Name:

Business Address:

City: State: Zip:

Business Phone: Business Fax:

BUSINESS OWNERSHIP INFORMATION (Responsible Party)

Entity Type: ☐ Sole proprietor (Must Show Lawful Presence) ☐ Corporation ☐ Association ☐ Other

Owner/Corporation Name:

Owner Address:

City: State: Zip:

Owner Phone: Owner Fax: Email:

MAILING/BILLING INFORMATION

Owner/Corporation Name:

Owner Address:

City: State: Zip:

Owner Phone: Owner Fax: Email:

INSPECTION CONTACT

Name:

Phone: Effective date of Ownership Change :

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. I agree that the Department may send me a copy of its inspection report by e-mail or by facsimile transmission to the e-mail or fax number provided under the Business Ownership Information provided above. It is the responsibility of the permit holder to update the Department if there is a change in contact information.

I hereby certify that the above information is correct, agree to comply with the Maricopa County Environmental Health Code, and I fully understand that any deviation from the above without prior permission from the Maricopa County Environmental Services Department may nullify final approval. By checking the check box and typing your name you have digitally signed this application.

☐ I agree the application is true and correct. Signature: Date:

Location Site(s):

Site #1:

Location Contact: Contact Phone: Contact Email:

Location Address:

City: State: Zip:

Specific location Identifiers (floor/room#/etc): Mop sink location:

Site #2:

Location Contact: Contact Phone: Contact Email:

Location Address:

City: State: Zip:

Specific location Identifiers (floor/room#/etc): Mop sink location:

Site #3: (attach separate sheet for additional locations with the information below)

Location Contact: Contact Phone: Contact Email:

Location Address:

City: State: Zip:

Specific location Identifiers (floor/room#/etc): Mop sink location:

Equipment to be Installed: (attach separate sheet if necessary)

Machine Name: Model #:

Machine Name: Model #:

Machine Name: Model #:

Machine Name: Model #:

Machine Name: Model #:

Machine Name: Model #:

Please also include a set of plans that outline the layout of the market to be installed

Plan Review Fees:

Application Type	Fee	Expedite	Total Fee:	Permit Number
Micromarket Reference Plan Review	$270.00	$540.00		
Micromarket Processing Fee	$20.00/Location			

Make checks payable to MCESD. We also accept Visa, Mastercard, American Express and Discover.
If submitting application electronically, payment can be made via online once the application is accepted and reviewed.