



## Yuma County Public Health Services District

### Environmental Health Division

2200 West 28<sup>th</sup> Street, Suite 222

Yuma, Arizona 85364

Telephone: (928) 317-4584 Fax: (928) 317-4583

### APPLICATION FOR OPERATING PERMIT

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 requirement 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.

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#### 1. Please provide BUSINESS INFORMATION:

Business Name:

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Business Address:

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City, State, Zip Code:

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Telephone: (            )

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**2. Please provide information where we can reach you by mail or telephone:**

Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email (Optional) \_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

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**3. Type of Food Establishment (if not a Food Establishment, go to Part 5):**

**PART-1**

This Food Establishment is:

- MOBILE\***      **OR**       **STATIONARY**  
\*DDS Mobile Food Service Unit application must be completed

The Operation of this Food Establishment is:

- TEMPORARY\***      **OR**       **PERMANENT**  
\*Supplemental Itinerant Form must be completed

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**PART-2**

This Food Establishment is **one** of the following:

- Is an existing structure that is being **converted**  
for use as a FOOD ESTABLISHMENT  
**OR**  
 Is an existing FOODESTABLISHMENT  
facility that is being **remodeled**  
  
 None of the above

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**4. By definition POTENTIALLY HAZARDOUS FOOD is a food that is natural or synthetic and that requires temperature control because it is in a form capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms including animal food (a food of animal origin) that is raw or heat-treated; a food of plant origin that is heat-treated or consists of raw seed sprouts; cut melons; garlic-in-oil mixtures; etc.**

This Food Establishment Business prepares, offers for sale, or serves POTENTIALLY HAZARDOUS FOOD     **NO (go to PART-2)**     **YES (complete PART-1 & PART-2)**

**PART-1**

This Food Establishment prepares, offers for sale, or serves POTENTIALLY HAZARDOUS FOOD as marked below:

- Only to order upon CONSUMER request
- In advance, in quantities based on projected CONSUMER demand
- Use time alone, rather than time and temperature
- In advance using a multiple stage FOOD preparation method

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**PART-2**

- This Food Establishment prepares food for delivery to and consumption at a Location off of the PREMISES where prepared.
- This Food Establishment prepares food for service to a HIGHLY SUSCEPTIBLE POPULATION.
- This Food Establishment does not prepare food, but offers for sale only pre-PACKAGED FOOD that is not POTENTIALLY HAZARDOUS FOOD.

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**5. Please Read and Sign**

As the APPLICANT, I assume complete responsibility for the business to be conducted at the premises for which I am making application of an operating permit. I certify that said business at the premises will be operated in full compliance with all applicable public health and/or environmental regulations duly adopted and all other local, County, and State rules, ordinances and regulations pertaining thereto. I understand that I am responsible for knowing the contents of the applicable regulations as they pertain to said business.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Document Used To Verify Permit Eligibility \_\_\_\_\_

Facility Type: \_\_\_\_\_ Units / Seats: \_\_\_\_\_

Permit Fee: \_\_\_\_\_ Receipt No: \_\_\_\_\_

Permit No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Facility Status:      New \_\_\_\_\_ Existing \_\_\_\_\_ Ownership Change \_\_\_\_\_

Limitations/Conditions: \_\_\_\_\_