

NAVAJO COUNTY

PUBLIC HEALTH SERVICES DISTRICT



Promoting Quality Health through Community Education, Planning and Partnerships

Janelle Linn, BSN, RN
Health Director

Wade Kartchner, MD, MPH
Medical Director

Dear Vendors,

Please complete this required form with the following information a minimum of 30 days prior to the event. *Do not send payment* as we will collect at time of inspection. **Only checks or cashiers' checks** will be accepted at the event. LLC's, associations, churches, corporations, governmental entities, homeowners' associations, non-profit organizations or similar organizations will be exempted from fee with supporting documentation. Permit fee for one event is \$50 for up to 5 days. A new application is required for each event.

Send completed application to the address or to Kathryn.mathewson@navajocountyaz.gov: NAVAJO COUNTY HEALTH DEPARTMENT
ATTN: ESTABLISHMENT PERMITS
600 NORTH 9TH PLACE
SHOW LOW, ARIZONA 85901

PLEASE PRINT CLEARLY OR TYPE INFORMATION VENDOR INFORMATION

Vendor Name			
Name of Event		Dates of Event	
Physical Location		Physical City	
Menu or attach			
List of Equipment or attach			

OWNER / CORPORATION INFORMATION

Owner or Corporation Name			
Contact Person			
Mailing Address		City	
State		Zip	
Phone Number		Fax	
Contact Email			

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Navajo County Public Health Services District

Rev 7/19

DEPARTMENT USE ONLY

Date Application Processed: _____ Type of Payment Rec'd: _____ Check # _____ Money Order # _____

Date Permit Issued: _____ Approved by: _____

Make checks payable to Navajo County Public Health Services District

NAVAJO COUNTY

PUBLIC HEALTH SERVICES DISTRICT



Promoting Quality Health through Community Education, Planning and Partnerships

Janelle Linn, BSN, RN
Health Director

Wade Kartchner, MD, MPH
Medical Director

Permit Eligibility Form * [ARS 41-1080](#)

Facility Owners Name: _____

Facility Name: _____

Address/City: _____

Form of Eligibility	Document Verified by Department
1. An Arizona Driver License issued after 1996 or an Arizona Non-operating Identification License	
2. A Driver License issued by a State that verifies Lawful presence in the United States. (Does not currently include Hawaii, Illinois, Maine, Maryland, New Mexico, Texas, Utah, Washington-the enhanced driver license from Washington is acceptable).	
3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.	
4. A United States Certificate of Birth Abroad.	
5. A United States Passport.	
6. A foreign passport with a United States Visa.	
7. An I-94 Form with a photograph.	
8. A United States Citizenship and Immigration Services Employment Authorization Document or Refugee Travel Document. Acceptable forms of documentation: <ul style="list-style-type: none"> • Permanent Residency Card/Resident Alien • Alien Registration Receipt Card • Employment Authorization Document (Form I-766, I-688A, I-688B) 	
9. A United States Certificate of Naturalization.	
10. A United States Certificate of Citizenship.	
11. A Tribal Certificate of Indian Blood	
12. A Tribal or Bureau of Indian Affairs Affidavit of Birth	

Env. Health Specialist: _____ Date Verified: _____

Rev 4/21

DEPARTMENT USE ONLY

Date Application Processed: _____ Type of Payment Rec'd: _____ Check # _____ Money Order # _____

Date Permit Issued: _____ Approved by: _____

Make checks payable to Navajo County Public Health Services District