

# NAVAJO COUNTY

## PUBLIC HEALTH SERVICES DISTRICT



*Promoting Quality Health through Community Education, Planning and Partnerships*

Jeffrey Lee, MS, MPA, CEM  
Health Director

Wade Kartchner, MD, MPH  
Medical Director

Dear Owner:

The following information is required for your *renewal application* and should be submitted each year. Due to a system change, we cannot issue a permit without a valid email address. Please mail this form and invoice along with your check and/or money order payable to the *Navajo County Public Health Services District* to:

NAVAJO COUNTY HEALTH DEPARTMENT  
ATTN: ESTABLISHMENT PERMITS  
600 NORTH 9<sup>TH</sup> PLACE  
SHOW LOW, ARIZONA 85901

**Credit cards can be accepted in the Show Low and Holbrook offices (please bring this completed form with your application).** You can also pay online [https://swp.paymentsgateway.net/co/default.aspx?pg\\_api\\_login\\_id=FgJlzkQRV](https://swp.paymentsgateway.net/co/default.aspx?pg_api_login_id=FgJlzkQRV).

After we receive and process your renewal application and payment, your permit will be issued. If you do not receive your permit within 14 calendar days, please contact the Navajo County office at (928) 524-4750. A late fee of \$50 will be applied if not received by July 1<sup>st</sup>.

**PLEASE PRINT CLEARLY OR TYPE INFORMATION**      **ESTABLISHMENT INFORMATION**

Establishment Name			
Physical Address		City	
Email that all permits, and inspections will go to**		Zip	
Establishment Phone Number		Fax	
Mailing Address		City	
State		Zip	
# of seats, spaces, rooms, or trucks			

**OWNER / CORPORATION INFORMATION - FOR BILLING PURPOSES**

Owner or Corporation Name			
Contact Person			
Mailing Address		City	
State		Zip	
Phone Number		Fax	
Email where all invoices go**			

\*\*Your permit will be sent to you via email, please check your spam folder\*\*

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

##### Rev 10/19

**DEPARTMENT USE ONLY**

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

Date Permit Issued: \_\_\_\_\_ Permit #: \_\_\_\_\_ Approved by: \_\_\_\_\_