

# 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 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. 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 below or to [environmentalhealth@navajocountyaz.gov](mailto:environmentalhealth@navajocountyaz.gov):

NAVAJO COUNTY HEALTH DEPARTMENT  
ATTN: ESTABLISHMENT PERMITS  
600 NORTH 9<sup>TH</sup> 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, (928) 532-6233**

##### 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

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**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"> <li>• Permanent Residency Card/Resident Alien</li> <li>• Alien Registration Receipt Card</li> <li>• Employment Authorization Document (Form I-766, I-688A, I-688B)</li> </ul>	
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	
<b>Exemptions:</b> LLC's, associations, churches, corporations, governmental entities, homeowners' associations, non-profit organizations or similar organizations. Documentation demonstrating exemption from this law has been verified.	

Env. Health Specialist: \_\_\_\_\_ Date Verified: \_\_\_\_\_

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