



**Apache County Public Health Services District**  
**Environmental Health**

P.O. Box 697  
 St. Johns, AZ 85936  
 Phone (928) 337-7607  
 Fax (928) 337-7592

**APPLICATION FOR PERMIT TO OPERATE PUBLIC ACCOMMODATIONS**

ESTABLISHMENT #
TYPE:
DATE OF OPENING:
NUMBER OF UNIT/SPACES:
ASSESSOR'S PARCEL NUMBER:

**THIS APPLICATION WILL NOT  
 BE PROCESSED UNLESS  
 COMPLETED IN FULL.**

**FEES ARE NON-REFUNDABLE  
 \*Current Permit NOT Transferable\***

**BUSINESS INFORMATION:**

NAME OF BUSINESS:	BUSINESS ADDRESS:	CITY:
BUSINESS PHONE: ( )	FAX: ( )	CELL: ( )

**MAILING ADDRESS:**

MAILING ADDRESS	CITY:	STATE:	ZIP CODE:
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**OWNER INFORMATION:**

NAME OF BUSINESS OWNER:	HOME ADDRESS:	CITY:	STATE:	ZIP CODE:
HOME TELEPHONE: ( )	EMAIL ADDRESS:			
PROPERTY OWNER:*	CONTACT #: ( )			
*If different from permit holder, require a <i>copy of lease agreement and/or notarized letter from property owner</i> indicating lease has been made to permit holder.				

I \_\_\_\_\_, hereby certify that I am the operator or authorized agent  
 (owner name- print)  
 of the above public accommodations establishment.

Signed \_\_\_\_\_ Date \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Application approved for Permit by \_\_\_\_\_ Date \_\_\_\_\_

Picture Identification verified and copy attached  (check box if completed) By \_\_\_\_\_

*For Official Use Only*

Date Received: _____	Cash or Check: _____
Receipt # _____	Check No: _____
Permit Expires: _____	