

# Gila County Division of Health & Emergency Management



**5515 South Apache Ave., Suite 100, Globe, AZ 85501**  
**PHONE: (928) 402-8811 | FAX: (928) 425-0794**

**107 W. Frontier Rd., Suite A, Payson, AZ 85541**  
**PHONE: (928) 474-1210 | FAX: (928) 474-7069**



## Temporary Food Vendor Permit Application

Print legibly and complete this form entirely, including the signature. Return this form with the permit fee (check or money order) payable to GCDHES to:

**Gila County Public Health Department**  
**5515 S Apache Ave, Suite 100, Globe, AZ 85501**  
 or  
**107 W Frontier Ave, Suite A, Payson, AZ 85541**

<b>Permit Fee Enclosed</b>	\$	Permit fee is \$30 for one day \$60 for two to 14 days	
<b>Facility Name</b>			
<b>Permit Type</b>	Temporary Vendor	<b>Owner</b>	
<b>Mailing Address</b>			
<b>Phone Number</b>		<b>Email</b>	

### Event Information

<b>Name of Event</b>	
<b>Location of Event</b>	
<b>Date(s) of Event</b>	

Please list all foods and drinks you plan on selling or attach a menu to this application: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I assume complete responsibility for the business for which I am making application. I agree said business will be conducted in full compliance with the State of Arizona and Gila County Division of Health & Emergency Services regulations and laws pertaining to its operation. I also understand failure to operate the facility described above in accordance with law may result in permit revocation and cessation of operations. I have read and understand the Temporary Food Booth Requirements for Special Events.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title**

### OFFICE USE ONLY

<b>Check Number:</b>	
<b>Receipt Number:</b>	
<b>Permit Number:</b>	

<b>Authorizing Signature</b>	<b>Date</b>

