



**SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY**

**HEALTH SERVICES/PUBLIC HEALTH PROGRAM**

10005 E Osborn Rd. Scottsdale, AZ 85256

Fax (480) 362-5568

**RETURN TO:** Chris Bonnell of Salt River Fields

**APPLICATION FOR TEMPORARY PERMIT**

EVENT NAME: \_\_\_\_\_ (example: Red Mountain Pow Wow)

EVENT DATE: \_\_\_\_\_

**ESTABLISHMENT INFORMATION:**

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

MANAGER NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**OWNER INFORMATION:**

NAME/CORPORATION \_\_\_\_\_

ADDRESS/CITY/ZIP \_\_\_\_\_

CONTACT \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**Permit Fee: FEE WAIVED**

Please submit separate permit applications for each permit when more than one permit is requested.

Please read and sign below:

I/We assume complete responsibility for the business to be conducted at the premises for which I/we are making application for a food permit. The requested food permit is in addition to any other permits or licenses required by law. I/We certify that said business at the premises will be operated in full compliance with all applicable ordinances and regulations pertaining thereto. I/We understand that I/we are responsible for knowing the contents of the applicable regulations as they pertain to said establishment. Information pertaining on how to purchase the regulations may be obtained from the Public Health Program, 10005 East Osborn Road, Salt River Pima-Maricopa Indian Community, or call \_\_\_\_\_ or (480) 362-5706.

Permittee hereby waives all claims against the Salt River Pima-Maricopa Indian Community and the United States and agrees to hold the Salt River Pima-Maricopa Indian Community and the United States free and harmless from liability for any loss, damage or injury arising from the use of the premises by Permittee, together with all costs and expenses in connection therewith.

I/We hereby certify that I/we are owner(s) or duly authorized owner's agent(s), that I/we have read this application and that all information is correct. I/we further certify that I/we have read, understand and will comply with all of the provisions herein.

Applicant Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

**PERMIT TO OPERATE – TEMPORARY FOOD VENDOR**

PERMIT VALID \_\_\_\_\_ TO \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

EVENT NAME: \_\_\_\_\_

SRPMIC HEALTH OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

(PERMIT NOT VALID UNTIL SIGNED)