Maricopa County Environmental Services Department
Environmental Health Special Events Program
Seasonal Permit Application
1001 N. Central Ave. #100 Phoenix, AZ 85004 Phone: (602)506-6978
SpecialEvents@mail.maricopa.gov

SEASONAL PERMIT APPLICATION

(For events lasting for 15-120 consecutive days)

Follow all instructions below to ensure a complete application and to avoid delays in the application review process.

Reviewing the following information is required before submitting and

obtaining a permit to operate at a Special Event:

(This information will be provided to you at time of submittal. You are free to log onto our web site to review the information if needed.)

☐ **Permit Requirements at Special Events** http://www.maricopa.gov/EnvSvc/EnvHealth/Pdf/Permit%20Requirements%20for%20Special%20Events.pdf

By checking the boxes below, you are acknowledging receipt of the Regulatory

Bill of Rights and Notice of Inspection Rights.

(This information will be provided to you at time of submittal. You are free to log onto our web site to review the information if needed.)

☐ **Regulatory Bill of Rights** http://www.maricopa.gov/EnvSvc/AboutUs/pdf/Regulatory%20Bill%20of%20Rights.pdf

☐ **Notice of Inspection Rights** http://www.maricopa.gov/EnvSvc/AboutUs/pdf/Notice%20of%20Inspection%20Rights.pdf

Special Events Permit Fees

Permit Submittal Category	Fee Calculation/Booth	Total Fee/Booth
Application Submitted > 7 Days from Event	$180.00	$180.00
Application Submitted < 7 Days from Event	$180.00 + $50.00 (late fee)	$230.00

Make checks payable to MCESD. We also accept Visa, Mastercard, American Express and Discover.
If submitting application electronically, payment can be made via online once the application is accepted and reviewed.

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Notice

A.R.S § 11-1604. Prohibited acts by county and employees; enforcement; notice

- **A county shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule, ordinance or delegation agreement. A general grant of authority does not constitute a basis for imposing a licensing requirement or condition unless the authority specifically authorizes the requirement or condition.**

- **Unless specifically authorized, a county shall avoid duplication of other laws that do not enhance regulatory clarity and shall avoid dual permitting to the maximum extent practicable.**

- **This section does not prohibit county flexibility to issue licenses or adopt ordinances or codes.**

- **A county shall not request or initiate discussions with a person about waiving that person's rights.**

- **THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST A COUNTY. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST A COUNTY FOR A VIOLATION OF THIS SECTION.**

- **A COUNTY EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE COUNTY'S ADOPTED PERSONNEL POLICY.**

- **THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.**

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Please provide all requested Information below (Please print)

Do you currently hold a Food Catering or Mobile Food permit with our Department? ☐ Yes ☐ No Permit#: _____

EVENT INFORMATION

Event Name: _____ Event Start Date: _____ Event End Date: _____

Event Address: _____ City: _____

Coordinator Name: _____ Coordinator Phone: _____ Coordinator Email: _____

BUSINESS INFORMATION (Name on Booth)

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

BUSINESS OWNERSHIP INFORMATION (Responsible Party)

Entity Type: ☐ Sole proprietor (Must Show Lawful Presence) ☐ Corporation ☐ Association ☐ Other

Owner/Corporation Name: _____

Owner Address: _____

City: _____ State: _____ Zip: _____

Owner Phone: _____ Owner Fax: _____ Email: _____

COMMISSARY INFORMATION

Commissary Business Name: _____

Commissary Contact Name: _____ Contact Phone: _____

List Foods Prepared at Commissary: _____

Date food Prepared: _____ Time food prepared: _____ MCESD Permit # _____

Will you be operating more than one food/beverage booth? ☐ Yes ☐ No

Food/Beverage Booth Information (Attach a separate sheet if needed)

Booth	Booth Name	Menu
1		
2		
3		
4		
5		

Delivery of Inspection Reports

Pursuant to A.R.S. § 41-1009, the Department may enter your establishment to conduct inspections. You have the right to receive a copy of the Department's inspection report at the time of the inspection, within thirty (30) days after the inspection, or as otherwise provided by federal law. I agree that the Department may send me a copy of its inspection report by e-mail or by facsimile transmission to the e-mail or fax number provided under the Business Ownership Information provided above. It is the responsibility of the permit holder to update the Department if there is a change in contact information.

I hereby certify that the above information is correct, agree to comply with the Maricopa County Environmental Health Code, and I fully understand that any deviation from the above without prior permission from the Maricopa County Environmental Services Department may nullify final approval. By checking the check box and typing your name you have digitally signed this application.

☐ I agree the application is true and correct. Signature: _____ Date: _____

Submit by Email