

Mobile Food Unit/ Pushcart Permit Application



Santa Cruz County Environmental Health Department
2150 N. Congress Drive, Suite #115
Nogales, AZ 85621
(520)375-7900

The undersigned hereby certifies that the mobile food unit or pushcart shall operate from a Santa Cruz County Health Department approved commissary or other fixed food service establishment, and shall report at least daily to such location for all supplies and for all cleaning and servicing operations.

Commissary Name: _____
 Address: _____

- New Owner
- New Mobile Food Unit
- New Pushcart
- Other _____

- Individual
 - Partnership
 - Corp./Firm
 - Non Profit
- (If so please provide a copy of your 501(c)(3))

- Sewage Disposal:** On Site
 Public Sewer
- Potable Water:** Individual Well
 Public

- Type of Mobile Unit:**
- Food (Type) _____
 - Ice Cream
 - Other _____

Establishment/Business Name	Establishment Street Address	City	State	Zip Code
Establishment Telephone Number	Establishment Mailing Address	City	State	Zip Code
Owners Name	Owners Address	City	State	Zip Code
Co-Owner's Name	Co-Owners Address	City	State	Zip Code

I/We assume complete responsibility for the business to be carried on at the premises for which I/We am/are making this application for a permit. I/We agree that all of said business at the said premises will be conducted in full accordance with all sanitary regulations applicable thereto, and with all county, state, and local laws, rules and ordinances pertaining thereto.

 Applicant Name Home Address

 Signature Title Date Phone

THIS SECTION IS FOR DEPARTMENT USE ONLY:

Plan Review Paid: Yes No

Permit #: _____ Issue Date: _____

Application/Plans: Approved Disapproved

By: _____
 Sanitarian's Signature

Comments: _____