



Maricopa County Environmental Services Department  
 Environmental Health Special Events Program  
 Phone: (602)506-6824  
 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.

For office locations please visit: <http://www.maricopa.gov/2505/Locations-Hours>

If you are visiting one of our regional offices, we recommend that you call the office first to ensure the office is open so as to better serve your needs.

Reviewing the following information is required before submitting and obtaining a permit to operate at a Special Event:

**Permit Requirements at Special Events** <http://www.maricopa.gov/DocumentCenter/View/6310>

By checking the boxes below, you are acknowledging receipt of the Regulatory Bill of Rights and Notice of Inspection Rights.

**Regulatory Bill of Rights** <http://www.maricopa.gov/DocumentCenter/View/6675>

**Notice of Inspection Rights** <http://www.maricopa.gov/DocumentCenter/View/6307>

## 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.

**Fees are non-refundable.**



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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 (no food may be stored/prepared in an unpermitted facility)**

**Will food be prepared or stored off site prior to the event?**

Yes (if yes, provide commissary info; all fields required)  No (all food stored/prepared at event; date/time fields are required)

Commissary Business Name:   
 Commissary Contact Name:  Contact Phone:   
 List Foods Prepared at Commissary:   
 Commissary Permit #:  Date food prepared:  Time Food Prepared:

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, agree to allow the regulatory authority access to the establishment as specified under § 8-402.11 and to the records specified under §§ 3-203.12 and 5-205.13 and Subparagraph 8-201.14(D)(6), 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.

**Disclaimer:**

Information entered on this form will be retained by Maricopa Environmental Services Department and is a record as defined by Arizona law. This form will be provided without redaction in response to a public record request unless any of the information is exempt from release under Arizona law.

I agree the application is true and correct.

Signature:

Date: