



Department of Health & Human Services
P.O. Box 123
Kykotsmovi, Arizona
PH: (928) 734-3402

FOOD SERVICE ESTABLISHMENT SANITATION PERMIT APPLICATION

Pursuant to **Hopi Food Service Ordinance No. 12; Section 12.5.2 (C) Application** *"Any person desiring to operate a Food Establishment shall make a written application for Sanitation Permit on forms provided by the Regulatory Authority. Such application shall include the name and address of each applicant, the location of the Food Establishment, a copy of the proposed menu, and signature of each applicant."*

This is your application to obtain a Hopi Food Service Establishment Sanitation Permit. The sanitation permit will expire twelve months from the date it is issued.

- **All Food handlers must have a Valid Food Handlers Card.** The Department of Health & Human Services (DHHS) requests you to attach copy (s) of valid Food Handlers Card(s)
- **All Food Managers must have a Valid Certified Food Manager Certificate from an accredited agencies.** Attach a copy of valid Certified Food Manager certificate(s)
- **Your Establishment must pass inspection.** Contact the Indian Health Services (IHS) - Office of Environmental Health at (928) 737-6281 to schedule your establishment for the required inspection. The IHS Environmental Health Officer will submit the inspection report to the DHHS. A Sanitation Permit will be issued to your by the DHHS once your establishment has met the requirements of the inspection.

Please complete and return this application along with all required documents to the DHHS along with a non-refundable **CHECK or MONEY ORDER (NO CASH)** in the amount of a Sanitation Permit in which you are applying for. Please make checks payable to: HOPI TRIBE – Department of Health & Human Services.

NAME OF APPLICANT/OWNER: _____

MAILING ADDRESS: _____

Applicant EMAIL: _____

ESTABLISHMENT NAME: _____

MAILING ADDRESS: _____

ESTABLISHMENT EMAIL (If different from applicant email): _____

ESTABLISHMENT PHYSICAL ADDRESS: _____

OWNER: _____ **PERSON IN CHARGE:** _____

BUSINESS PHONE: () _____ **MESSAGE PHONE: ()** _____

FAX: () _____

DESCRIPTION OF TYPE OF FOOD PROCESS OR SERVICE TO BE PROVIDED FOR SALE ACCORDING TO THE HOPI FOOD SERVICE ORDINANCE NO. 12 (Be specific and describe)

(Attach copy of menu if available)

Place check mark (✓) in the Selection column of the establishment type(s) you are applying for below.

Description of Fee	Permit Fee	Selection (✓)
Food Establishment Type		
Risk type 1 Food Establishments: These establishments do not prepare any time/temperature control for safety foods, (A.K.A. potentially hazardous food). They may have limited storage of pre-packaged foods.	\$30.00	
Risk type 2 Food Establishments: These establishments store a significant amount of time/temperature control for safety foods, sell, or prepare time/temperature control for safety foods. Risk type 2 establishments have limited menus and do not cool significant amounts of time/temperature control for safety foods.	\$50.00	
Risk type 3 Food Establishments: These establishments have an extensive menu which requires the handling of raw ingredients; and is involved in the complex preparation of menu items that includes the cooking, cooling, and reheating of at least three or more potentially hazardous foods; or prepare and serve food for a highly susceptible population.	\$70.00	
Risk type 4 Food Establishments: In addition to Risk type 3 fee, this facility will be charged forty-dollars for each specialized process conducted. Specialized processes include smoking, curing, canning, bottling, acidification designed to control pathogen proliferation, or any reduced oxygen packaging intended for extended shelf-life.	\$40.00/process	
Private Home registration fee	\$10.00	
Bed and Breakfast registration fee	\$10.00	
Mobile Food Unit		
Class 1 – Non - Refrigerated Vending Units (Registration fee)	\$10.00	
Class 2 – Refrigerated or Hot Vending Units (Registration fee)	\$10.00	
Class 3 - Limited Assembly	\$30.00	
Class 4 – Onsite Assembly	\$40.00	
Temporary Food Vendor Fee	Free	
Temporary Event (e.g., Tuuvi or bazaar, etc)	\$75.00	
Food Processing Plants [RESERVED]		
Food Distribution Programs	\$10.00	
Plan Review Fee	\$50.00	
New facility inspection(s) fee	\$50.00	
Follow-up Inspection Fee	\$20.00	
Food Handler Card fee	\$10.00	
Food Handler Card Replacement fee	\$5.00	
TOTAL AMOUNT DUE		

I UNDERSTAND THAT ACCESS IS REQUIRED TO THE FACILITY AND TO ANY RECORDS FOR INSPECTION BY THE REGULATORY AUTHORITY AND/OR INSPECTION OFFICIALS. I ASSUME COMPLETE RESPONSIBILITY FOR BUSINESS TO BE CONDUCTED ON THE PREMISES FOR WHICH I AM APPLYING. I CERTIFY THAT THE NAMED ESTABLISHMENT AT THE STATED PREMISES WILL OPERATE IN FULL COMPLIANCE WITH ALL APPLICABLE REGULATIONS ADOPTED BY THE HOPI TRIBE.

SIGNATURE

DATE

For Office Use Only

☐ \$_____ Annual Fee

Accounting Receipt Dated: _____

☐ Non-Profit Organization (provide proof)

☐ Office of Revenue Commission Permit

☐ Certified Food Manager Certificate(s)

☐ Certified Food Manager Certificate *Waived*

☐ Non-Profit Organization (Provide Proof)

☐ Food Handlers Card (s) for all food handlers

☐ Menu

☐ Inspection report from OEHE