



COLORADO RIVER INDIAN TRIBES DEPARTMENT OF HEALTH & SOCIAL SERVICES

12302 KENNEDY DRIVE
PARKER, ARIZONA 85344
TELEPHONE (928) 669-6577
FAX (928) 669-8881

Annual Food Service Establishment Permit Application

Pursuant to Section 3-302 in the CRIT Health & Safety Code; "All food establishments operating on the Reservation must have a valid current food establishment permit ("Permit") issued by the Enforcement Authority. Failure to operate a food establishment with a valid Permit shall subject the food establishment to civil penalties under Chapter 8 of this Article."

Each annual Permit shall expire twelve (12) months from the date that it was issued. Once the permit is received, it must be posted in a conspicuous place at the establishment for which it has been issued.

Before a CRIT Food Service Establishment Permit (FSEP) can be issued, you must obtain the following:

- **All Food handlers must have a Valid Food Handler's Card / Certified Food Manager Certificate.**

C.R.I.T. DHSS will honor any FHC or CFMC issued by another city, county, or organization until its expiration, provided that requirements to obtain such card were equal or greater than those set forth in the C.R.I.T. Health and Safety Code. If you do not have a valid food handlers' card or manager certificate, IHS Office of Environmental Health conducts a training. Contact IHS Environmental Health Office at (928) 669-3179 to request to attend the next training.

- **A Non-Refundable Application Fee.**

The application fee for an Annual Food Service Establishment Permit is \$25.00. Fee must be paid by Check or Money Order only. Please make checks payable to: Colorado River Indian Tribes.

- **CRIT Business License.**

You can obtain a CRIT Business License from the CRIT Tax & Revenue Office located at 1000 Agency Rd., Parker, AZ 85344. Contact Thomas Robledo, Compliance Officer at (928) 575-1529.

- **Your establishment must pass inspection.**

The I.H.S. Health Inspector will submit the inspection report to the Department of Health Services. The FSEP will be issued to you once your establishment has met the requirements of the inspection. If you have any questions or concerns regarding your inspection the Office of Environmental Health & Engineering- Indian Health Services can be contacted at (928) 669-3179.



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A. BUSINESS INFORMATION			
Business Name:			
Type of Food Service (Restaurant, Mobile Unit, Cafeteria etc.):			
Owner:		Manager:	
Physical Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Phone Number: () -	Fax: () -	Website:	
B. APPLICANT'S INFORMATION			
Applicant's Name:		Title:	
Mailing Address:	City:	State:	Zip:
Phone Number: () -	E-Mail:		
C. FINANCIAL REFERENCES			
D. LIST PREVIOUS EXPERIENCE IN THE OPERATION OF FOOD ESTABLISHMENTS			
E. LIST FULL MENU (ATTACH COPY OF MENU IF AVAILABLE) :			
I _____, certify that the above information is correct and hereby consent to an inspection by the I.H.S Health Inspector. I assume complete responsibility for the business to be conducted at the premises for which I am making the application for. I certify that the named establishment will operate in full compliance with the applicable regulations adopted by the Colorado River Indian Tribes. In addition, I acknowledge that issuance and retention of this Annual Food Service Establishment Permit is contingent upon satisfactory compliance with local food service requirements.			
Signature:			Date:

For Office Use Only

☐ Application Fee ☐ Non-profit Organization (provide proof) ☐ CRIT Business License ☐ Menu ☐ Food Handler's Card(s)
☐ Certified Food Manager Certificate Received by: _____ Date: _____