



## **COLORADO RIVER INDIAN TRIBES**

### **DEPARTMENT OF HEALTH & SOCIAL SERVICES**

12302 KENNEDY DRIVE  
PARKER, ARIZONA 85344  
TELEPHONE (928) 669-6577  
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## **Temporary Food Service Establishment Permit Application**

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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."

All Temporary Food Establishment Permits expire ninety (90) days from the date that it was issued. If issued for a specific event, the permit will be issued from the start of the event to the end (i.e. 3-4 day event). 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.**

C.R.I.T. DHSS will honor any FHC 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, IHS Office of Environmental Health conducts a training. Contact Zachary Hargis, Environmental Health Officer at (928) 669-3179 to request to attend the next training.

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

The application fee for a Temporary Food Service Establishment Permit is \$10.00. 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 Chance Fisher, Compliance Officer at (928) 575-1532.

- **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.

**General Event Information:**

1) Name of Event: The 2024 Parker 400 Off-Road Race  
2) Date of Event: Wed. Jan 10th - Sat. Jan 13th 3) Time of Event: 7am - 10pm  
4) Location of Event: The CRIT "Gauntlet" adjacent to the Avi Suquilla Airport  
Facility Name Address

**Applicant Information:**

6) Your Organization/Business Name: \_\_\_\_\_  
 Temp. Food Stand       Mobile Unit

7) Applicant's Name: \_\_\_\_\_

8) Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

9) Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

10) E-Mail: \_\_\_\_\_

12) List full menu to be served at the event: (Attach copy of menu if available.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13) List any previous experience in the operation of food service establishments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 Temporary Food Service Establishment Permit is contingent upon satisfactory compliance with local temporary food service requirements.

Form Completed by: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For Office Use Only</b> <input type="checkbox"/> \$10 Application Fee <input type="checkbox"/> Non-profit Organization (provide proof) <input type="checkbox"/> CRIT Business License <input type="checkbox"/> Menu <input type="checkbox"/> Food Handler's Card(s) Received by: _____
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