



CONSUMER HEALTH & FOOD SAFETY
ABRAMS PUBLIC HEALTH CENTER
3950 S. COUNTRY CLUB RD, STE. 2301
TUCSON, AZ. 85714
(520) 724-7908 FAX: (520) 724-9597

APPLICATION FOR PET PATIO

Name of Establishment _____

Street Address _____
Number Street City Zip Code Phone

Mailing Address (If Different Than Above) _____
Number Street City Zip Code Phone

Name of Owner/Agent _____

Mailing Address _____
Number Street City Zip Code Phone

Previous Name Of Establishment (If Applicable) _____

PERMIT FOR

Pet Patio \$60

Signature of Applicant _____

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FOR OFFICE USE ONLY

Establishment I.D. _____

Total Fees Paid \$ _____ Date Paid: YR. _____ Month _____ Day _____ Program Element _____

Permit Issued _____ By: _____ Sanitarian _____
Date

Permit Expires One (1) Year From Issue Date.