C.R.I.T. FAIR EXPO

OCTOBER 2,3,4 2014

MANATABA PARK

PARKER, ARIZONA

FOOD/COMMERICAL VENDOR APPLICATION

☐ FOOD VENDOR ☐ COMMERICAL VENDOR

BOOTH NAME: _____

PERSON RESPONSIBLE: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PHONE NUMBER: _____

EMAIL: _____

FOOD VENDOR Menu listing description:	COMMERICAL VENDOR Sale description:

SIZE OF AREA _____

POWER SOURCE TYPE _____

FOOD VENDOR

- * Copies Of All Valid Food Handlers Card Must Be Attached To This Application.
- ** Original Valid Food Handlers Card Must Be Presented At Time Of Set Up.
- *** Valid Tribal Business License (C.R.I.T. Taxation Office)
- **** Valid Tribal Health Permit (C.R.I.T. Department of Health Services)

COMMERICAL VENDOR

- * Valid Tribal Business License (C.R.I.T. Taxation Office)
- * FEE: $50.00 per day
- * PLEASE MAKE CHECKS PAYABLE TO: CRIT NATIVE AMERICAN DAYS COMMITTEE

The Colorado River Indian Tribes or the Native American Days Committee is not responsible for any lost or stolen items. Also the area that you are provided must be left in the same state as when you received it.

For futher questions please contact Ingrid Stanley or Kitty Little at 928-662-4388

COLORADO RIVER INDIAN TRIBES

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

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

DEPARTMENT OF HEALTH SERVICES
APPLICATION FOR FOOD SERVICE ESTABLISHMENT PERMIT

Pursuant to the Health and Safety Code, Chapter 2, Section 3-202 (a) "Application for a food service permit must be made in writing to the Department on the forms it prescribes, and shall include the name, address and signature of the applicant, the name and address of the food service establishment and a legal description of its location, a description of the type of food processing or service to be provided, financial references and specific identification of the applicant's previous experience if any in the operation of the food service establishment for the required inspection."

This is your application to obtain a CRIT Food Service Establishment Permit (FSEP). Annual FSEP's expire twelve (12) months from the date that it was issued; Temporary permits expire ninety (90) days from the date that it was issued. Before a FSEP is issued:

- **Your establishment must pass inspection**. Contact the I.H.S. Office of Environmental Health at (928) 669-3180 and schedule your establishment for the required inspection. The I.H.S. Health Inspector will submit the inspection report to the Department of Health Services.
- **Your establishment must have a CRIT Business License**. Contact the CRIT Department of Revenue & Finance at (928) 669-1336 to receive this license.
- **All food handlers must have a Food Handlers Card**. The CRIT Department of Health Services requests you to show proof of valid Food Handlers Cards.
- **All food handlers must attend a workshop on food handling**. The I.H.S.Office of Environmental Health conducts this workshop. Workshop dates and locations will be provided to FSEP applicants.

Please complete and return this application to the Department of Health Services along with a non-refundable CHECK or MONEY ORDER (NO CASH) in the amount of $25.00 for annual permits, or $10.00 for temporary permits. Please make checks payable to: COLORADO RIVER INDIAN TRIBES.

NAME OF APPLICANT: _____

MAILING ADDRESS: _____

ESTABLISHMENT NAME: _____

MAILING ADDRESS: _____

LEGAL DESCRIPTION OF LOCATION: _____

OWNER: _____

MANAGER: _____

BUSINESS PHONE#: ( ) _____ MESSAGE PHONE# ( ) _____

IF APPLYING FOR A TEMPORARY FSEP PERMIT, PLEASE PROVIDE THE NAME AND DATE OF THE COMMUNITY EVENT YOU WILL BE ATTENDING

_____

_____

_____

DESCRIPTION OF TYPE OF FOOD PROCESSED OR SERVICE TO BE PROVIDED:

_____

_____

_____

(Attach copy of menu if available)

SPECIFIC IDENTIFICATION OF THE APPLICANT'S PREVIOUS EXPERIENCE, IF ANY, IN THE OPERATION OF FOOD SERVICE ESTABLISHMENTS:

_____

_____

_____

Y N HAVE YOU EVER BEEN CONVICTED OF OR ARE YOU CURRENTLY PENDING CHARGES FOR A SEXUAL OFFENSE, A CRIMINAL OFFENSE RELATING TO CHILDREN/YOUTH, OR A CRIME OF VIOLENCE?

IF YOU HAVE BEEN CONVICTED OF OR ARE CURRENTLY FACING CHARGES OF SUCH AN OFFENSE, PLEASE EXPLAIN THE NATURE OF THE OFFENSE INCLUDING THE DATE, LAW ENFORCEMENT AGENCY INVESTIGATING THE CHARGE, THE DISPOSITION, AND ANY OTHER RELEVANT INFORMATION.

_____

_____

_____

_____

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 AT THE STATED PREMISES WILL OPERATE IN FULL COMPLIANCE WITH ALL APPLICABLE REGULATIONS ADOPTED BY THE COLORADO RIVER INDIAN TRIBES.

_____ _____

SIGNATURE DATE

NOTE: FAILURE TO OBTAIN A FOOD SERVICE ESTABLISHMENT PERMIT IS IN VIOLATION OF ORDINANCE NO. 83-2, ARTICLE 3, FOOD SERVICE ESTABLISHMENTS, ADOPTED BY THE COLORADO RIVER INDIAN TRIBES. _____

Initial

For Office Use Only

- ❑ $25.00 Application Fee (Annual)
  Accounting Receipt Dated_____
- ❑ $10.00 Application Fee (Temporary)
  Accounting Receipt Dated_____
- ❑ CRIT Business License for all food handlers
- ❑ Inspection Report from OEH & E
- ❑ Certified Food Managers Certificate received
- ❑ Menu
- ❑ Certified Food Managers Certificate requirements waived

COLORADO RIVER INDIAN TRIBES
DEPARTMENT OF REVENUE AND FINANCE

APPLICATION FOR BUSINESS LICENSE

NOTICE: Application must be completed in its entirety and **SIGNED**. No modifications of any kind may be made to this Application. **PAYMENTS RECEIVED ARE NON-REFUNDABLE.** Please read the Instructions before completing this Application. Please type or write legibly.

TYPE OF LICENSE REQUESTED
(check only one)

____	**TEMPORARY** – ENGAGED IN BUSINESS 4 DAYS OR LESS Indicate date business starts: _____ (mm/dd/yyyy)	FEE: **$ 25.00**
____	**SEASONAL** – ENGAGED IN BUSINESS MORE THAN 4 DAYS BUT LESS THAN 3 MONTHS Indicate date business starts: _____ (mm/dd/yyyy)	FEE: **$ 50.00**
____	**ANNUAL** – ENGAGED IN BUSINESS MORE THAN 3 MONTHS (expires December 31st of year of issuance)	FEE: **$100.00**
____	**PEDDLER** – ENGAGED IN TEMPORARY TRANSIENT BUSINESS (No Tax Due) (expires Dec. 31st of year of issuance)	FEE: **$ 55.00**
☐	**EXPEDITED DELIVERY (for Express Mail delivery of your license)**	**ADDITIONAL FEE: $ 15.00**

BUSINESS INFORMATION

1. BUSINESS NAME: _____
2. FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN): _____
3. BUSINESS STREET ADDRESS: _____
   (including City, State and Zip)
4. BUSINESS MAILING ADDRESS (IF DIFFERENT): _____
5. BUSINESS TELEPHONE NUMBER: _____
6. BUSINESS FAX NUMBER: _____
7. BUSINESS EMAIL ADDRESS: _____
8. DATE BUSINESS ESTABLISHED: _____
9. BUSINESS DESCRIPTION: ( ) SALES OF GOODS ( ) SERVICES ( ) GOODS AND SERVICES
   PLEASE PROVIDE BRIEF DESCRIPTION: _____
   a. IF TOBACCO IS SOLD: ( ) RETAILER ( ) DISTRIBUTOR
   b. IF LIQUOR IS SOLD: ( ) RETAILER ( ) DISTRIBUTOR

OWNER AND PRIMARY CONTACT INFORMATION

10. PRINCIPAL OWNER OR CORPORATION NAME: _____
11. PRINCIPAL OWNER MAILING ADDRESS): _____
    (including City, State and Zip)
12. PRIMARY CONTACT NAME: _____
13. PRINCIPAL OWNER OR PRIMARY CONTACT:
    a. TELEPHONE NUMBER: _____
    b. FAX NUMBER: _____
    c. EMAIL ADDRESS: _____
14. CRIT TRIBAL MEMBER? ( ) YES ( ) NO IF YES, ENROLLMENT NO.: _____
15. ENROLLED AT ANOTHER INDIAN TRIBE? ( ) YES ( ) NO IF YES, NAME OF TRIBE: _____

ADDITIONAL BUSINESS INFORMATION

16. TYPE OF BUSINESS: ( ) FOR PROFIT ( ) NON-PROFIT
17. BUSINESS CLASSIFICATION: ( ) SOLE PROPRIETORSHIP ( ) PARTNERSHIP ( ) CORPORATION
    ( ) LIMITED LIABILITY COMPANY ( ) I.R.S. 501(C) CERTIFIED ORGANIZATION
    ( ) OTHER (DESCRIBE): _____
    a. IF CORPORATION, INDICATE STATE(S) OR TRIBE(S) WHERE INCORPORATED: _____
18. CRIT LEASE? ( ) YES ( ) NO

19. HAS YOUR BUSINESS BEEN ISSUED A CRIT BUSINESS LICENSE IN THE PAST 5 YRS? ( ) YES ( ) NO If yes, BL #: ____

20. HAVE YOU PREVIOUSLY APPLIED FOR A CRIT BUSINESS LICENSE UNDER ANOTHER NAME? ( ) YES ( ) NO
If yes, under what name: _____

21. HAS ANY BUSINESS LICENSE YOU HELD EVER BEEN SUSPENDED, REVOKED OR DENIED? ( ) YES ( ) NO
If yes, explain: _____

CONSENT AND VERIFICATION

22. BY SIGNING BELOW, I UNDERSTAND AND AGREE TO THE FOLLOWING CONDITIONS OF LICENSE:

Each licensee shall comply with all tribal laws, including but not limited to: tribal tax laws, Indian employment and contracting preference laws and applicable federal law. The licensee is required to comply with any additional tribal laws as such laws are enacted by the Tribal Council, and obtain any other licenses or permits required by applicable law.

Each licensee consents to the jurisdiction of the Tribal Court as to any cause of action arising in connection with the transaction of any business within the reservation, or any tortious acts committed in connection with the transaction of any business within the reservation. Each licensee consents to the service of process of the Tribal Court with respect to all actions over which the Tribal Court has subject matter jurisdiction, in accordance with the rules of procedure of the Tribal Court.

Each licensee shall respond in a timely manner to requests by the Department of Revenue for information about the licensee's business for the purpose of establishing whether the licensee is in compliance with the terms of the Business and Professions Code.

I DECLARE THAT I HAVE EXAMINED THIS APPLICATION AND THE INFORMATION CONTAINED HEREIN AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE AND CORRECT. I SWEAR OR AFFIRM THAT I WILL COMPLY WITH ALL TRIBAL LAWS APPLICABLE TO MY BUSINESS AND CONSENT TO THE JURISDICTION OF THE TRIBAL COURT OF THE COLORADO RIVER INDIAN TRIBES AND SERVICE OF PROCESS IN MATTERS ARISING FROM THE CONDUCT OF BUSINESS.

Signature: _____ Date: _____

Print Name: _____

Please make check/money order payable to "CRIT Department of Revenue." **NO CASH ACCEPTED.**
Please mail or return your completed application and payment to:

CRIT DEPARTMENT OF REVENUE
26600 Mohave Road
Parker, Arizona 85344
Phone: (928) 669-1336
Email: taxinfo@crit-nsn.gov
www.crit-nsn.gov

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

FEE PAID:_____ CHECK NO.: _____ DATE PAID:_____

BUSINESS LICENSE NO._____ DATE VALID_____ DATE EXPIRES_____

APPROVED BY_____ DATE ISSUED_____