



NAVAJO ENVIRONMENTAL HEALTH & PROTECTION PROGRAM  
 Navajo Department of Health  
 P.O. Box 1390  
 Window Rock, Arizona 86515  
 Telephone: (928) 871-6349



**ITINERANT/TEMPORARY FOOD SERVICE APPLICATION**

Name/Operator: \_\_\_\_\_

Census #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone #: \_\_\_\_\_

<p><b>FEE:</b></p> <p>MONEY ORDER ONLY          PAYABLE TO:  <b>NAVAJO NATION</b></p> <p>\$ 5.00 – 6 MONTHS          \$10.00 – 1 YEAR</p>
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Vehicle: Make/Model: \_\_\_\_\_

Year of Vehicle: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Food Service Training: (Check one) Yes: \_\_\_\_\_ No: \_\_\_\_\_

Date of Training (Card Issuance Date): \_\_\_\_/\_\_\_\_/\_\_\_\_

Food Handler Card Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Food Handler's Card Number: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**(If application is mailed for issuance, please enclose a XEROX COPY of current Food Handler's Card with Money Order and a self-stamped envelope)**

-----**FOR NOEH&PP USE ONLY**-----

Permit Number: \_\_\_\_\_ Authorizing Official: \_\_\_\_\_

Date Permit Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Permit Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location of Permit Issuance: \_\_\_\_\_

Receipt or Money Order Number: \_\_\_\_\_