La Paz County Health Department



Marion Shontz, Director

1112 Joshua Ave., 206 Parker AZ 85344 928-669-1100 Fax 928-669-1100

Appendix B Application for Non-Profit Status for Food Establishment

Name of Organization:			_
Address:			
Nonprofit Tax Exempt Nu	ımber:		-
Type of organization:			
Charitable	Service		
Religious	Civic		
Fraternal	Other non-profit Specify:		
As provided for in the La Parpermit fees.	z County Health Regulation Num	ber III, I (we) hereby apply for a wai	iver from the
		ne payment of operating fee and does es, late fees, or penalties for operatin	_
	s a tax-exempt organization. I (we	ation hereby certify and attest that we) further agree to notify the La Paz C	
Signe			
Hon	Name ne Address:	Title	
Pho	ne:		