

ALABAMA DEPARTMENT OF PUBLIC HEALTH APPLICATION FOR A PERMIT TO OPERATE

Date: _____, 20____ County: _____

Name of Establishment: _____

Street Address: _____ Establishment Phone: () _____ - _____

City/Town: _____ Zip Code: _____

Name of Owner/Proprietor: _____

Mailing Address: _____

Owner City: _____ Owner State: **AL** Owner Zip: _____

Manager's Name: _____ Telephone Number () _____ - _____

Smoking Preference: Smoking, Non Smoking, Designated Smoking Grease Disposal Method: _____

Email Address: _____ Grease Disposal Method Approved? Yes No N/A

Water: Public or Private Sewer: Public or Private

TYPE OF PERMIT--Check one:

- | | |
|---|---|
| <input type="checkbox"/> Mobile Food Establishment
(plan of operations attached) | <input type="checkbox"/> Limited Retail Food Store |
| <input type="checkbox"/> Commissary | <input type="checkbox"/> School Lunchroom |
| <input type="checkbox"/> Food Service Establishment / Catering | <input type="checkbox"/> Food Processing Establishment |
| <input type="checkbox"/> Limited Food Service Establishment | <input type="checkbox"/> Food Vending Machine |
| <input type="checkbox"/> Retail Food Store | <input type="checkbox"/> Hotel Number Rental Units: _____ |
| <input type="checkbox"/> Temporary Food Service Establishment | <input type="checkbox"/> Camp Type: Day _____ Resident: _____ |
| <input type="checkbox"/> Swimming Pool | Swimming Pool: Yes No |

I hereby certify that the above statements are true and correct, and I (we) agree to comply with all of the provisions of the State Board of Health Rules, and hereby authorize the County Health Officer, the State Health Officer, or their representatives to enter upon the premises of the above named establishment for inspection purposes.

Signed _____

Title _____

FOR OFFICIAL USE ONLY

Are products from this establishment distributed in intercounty commerce?	YES	NO
Application Approved By: _____	Permit Number Issued: _____	
Local Health Department _____	Date _____	
If Applicable:	Issue Date: _____	
Fee Code: _____	Expiration Date: _____	
Fee Amount _____	Receipt Number: _____	
Fee Paid _____	Seating Capacity: _____	