

**ALABAMA DEPARTMENT OF PUBLIC HEALTH
APPLICATION
FOR A PERMIT TO OPERATE**

****PLEASE PRINT****

Date _____ County _____
 Name of Establishment: _____
 Street Address _____ Establishment Phone: _____
 City/Town: _____ Zip Code: _____
 Name of Owner/Proprietor _____
 Mailing Address: _____
 Owner City: _____ Owner State: _____ Owner Zip _____
 Manager's Name _____ Telephone Number _____
 Smoking Preference: _____ Grease Disposal Method: _____
 Grease Disposal Method Approved?: _____

Smoking, Non Smoking, Designated Smoking

TYPE OF PERMIT--Check one:

- Priority Category 3 Foodservice
Seating Capacity: _____
- Priority Category 4 Foodservice
Seating Capacity: _____
- Priority Category 3 Retail Food
Size: _____ sq ft
- Priority Category 2 Limited Foodservice
- Priority Category 1 Limited Retail Food

- Catering? _____
-
- Temporary Foodservice
 - Food Processing
 - Camp Type: Day
Resident
 - Hotel Number Rental Units: _____
Swimming Pool: Yes No
 - Mobile Foodservice

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 _____

E-Mail Address _____

Check # _____ Cash _____

FOR OFFICIAL USE ONLY

Permit Number Issued: _____ Issue Date: _____
 Expiration Date: _____

If Applicable: Fee Code: _____ Fee Paid: \$ _____
 Fee Amount: _____ Receipt Number: _____ Client Number: _____

Are products from this establishment distributed in intercounty commerce? YES NO

Application Approved By: _____

Local Health Department _____ Date _____