

ALABAMA DEPARTMENT OF PUBLIC HEALTH



APPLICATION FOR A PERMIT TO OPERATE

PLEASE PRINT LEGIBLY

DATE: _____, 20____ COUNTY _____

LEGAL NAME of Establishment: _____
Include DBA if other than Legal name _____

Physical Address of Establishment: _____

City / Town: _____ Zip Code _____ Phone Number: _____

Applicant Business Structure is a (check one):
[] Corporation [] Limited Liability Corporation (LLC) [] Partnership [] **Individual / Sole Proprietorship [] Nonprofit Corporation

**For Individual / Sole Proprietorship only: Number of Employees NOT Including Yourself _____

[] Municipality [] County [] State [] Joint City / County Other: _____

NAME of OWNER / Proprietor: _____

Mailing Address (if different): _____

MANAGER'S NAME: _____ Telephone Number: _____

Smoking Preference: [] Smoking [] Non-Smoking [] Designated Smoking GREASE Disposal Method _____
Grease Disposal Method Approved?: Yes [] No [] N/A []

TYPE of PERMIT - CHECK ONE:

- [] Food Service Establishment / Catering / Schools [] Retail Food Store
[] Limited Food Service Establishment [] Mobile Food Establishment (Plan of Operations Attached)
[] Temporary Food Service Establishment [] Limited Retail Store
[] Food Processing Establishment [] Camp : Type [] Day [] Resident
[] Hotel - Number of Rental Units _____ [] Swimming Pools [] 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 _____

PRINT: _____ TITLE: _____

FOR OFFICIAL USE ONLY

US Citizenship Verified ? [] YES [] NO [] N / A
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: _____ Client Number: _____
Fee Amount: _____ Receipt Number: _____ EXPIRATION DATE: _____
Fee Paid: _____