

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

Grease Disposal Method Approved?: Yes No N/A

**TYPE OF PERMIT--Check one:**

Food Service Establishment / Catering

Limited Food Service Establishment

Temporary Food Service Establishment

Food Processing Establishment

Hotel Number Rental Units: \_\_\_\_\_

Swimming Pool: Yes No

Mobile Food Establishment  
(plan of operations attached)

School Lunchroom

Retail Food Store

Limited Retail Food Store

Food Vending Machine

Camp Type: Day Resident

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:

\_\_\_\_\_ Date \_\_\_\_\_

Local Health Department

Issue Date:

If Applicable:

Fee Code: \_\_\_\_\_

Fee Amount \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Expiration Date:

Fee Paid \_\_\_\_\_

Seating Capacity: \_\_\_\_\_