

ALABAMA DEPARTMENT OF PUBLIC HEALTH
APPLICATION FOR A PERMIT TO OPERATE

Date _____, 20____ County _____

Name of Establishment _____

Street Address _____

City/Town _____ Zip Code _____

Name of Owner/Proprietor _____

Mailing Address (if different) _____

Manager's Name _____ Telephone Number _____

Type of Permit - Check One:

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

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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Application Approved By: _____ | Permit Number Issued: _____ |
| Local Health Department _____ | Date _____ |
| If Applicable: | Issue Date: _____ |
| Fee Amount _____ | Expiration Date: _____ |
| Fee Paid _____ | |
| Seating Capacity _____ | |