

# NEW APPLICATION FOR MANUFACTURED FOOD PROCESSING PERMIT TO OPERATE



**For Department Use Only**

ALABAMA DEPARTMENT  
OF PUBLIC HEALTH

\_\_\_\_\_  
Date Received  
\_\_\_\_\_  
Receipt Number  
\_\_\_\_\_  
Receipt Date  
\_\_\_\_\_  
Fee Amount  
\_\_\_\_\_  
Fee Code  
☐ Fee Exempt

\_\_\_\_\_  
County  
\_\_\_\_\_  
District  
\_\_\_\_\_  
Region  
\_\_\_\_\_  
Client Number  
\_\_\_\_\_  
Permit Number

Priority  
☐ Cat 1  
☐ Cat 2

**\*ALL FIELDS AND SECTIONS MUST BE COMPLETED IN ORDER FOR APPLICATION TO BE ACCEPTED\***

Name of Facility \_\_\_\_\_ dba \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ ALABAMA Zip Code \_\_\_\_\_

Facility Phone Number \_\_\_\_\_ Facility Email Address \_\_\_\_\_

## Facility Point of Contact

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

## Business Structure (check one)

☐ Corporation, Limited Liability Corporation, Partnership, Nonprofit Organization, Government Municipality

☐ Individual/Sole Proprietor – Include total number of employees NOT including self: \_\_\_\_\_

Company \_\_\_\_\_

Owner/President/CEO First Name \_\_\_\_\_ Owner/President/CEO Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner/President/CEO (Cell) Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

## Business Type Select all that apply

☐ Retail (Sells to Final Consumer)

☐ Wholesale (Sells to Other Businesses)

☐ Intrastate (Inside AL)

☐ Interstate (Outside AL)

Distribution Locations: \_\_\_\_\_

☐ Wholesale and Retail on Same Premises

☐ Central Kitchen

Food Provided to Permit #s \_\_\_\_\_

☐ Other: \_\_\_\_\_

**Total Square Footage of Facility** \_\_\_\_\_

**Operations in Shared Kitchen** ☐ Yes – Permit # \_\_\_\_\_ ☐ No

**Water Source** ☐ Public ☐ Well

**Sewage Disposal** ☐ Public Sewer ☐ Septic – Permit # \_\_\_\_\_

**Projected Gross Annual Percent Wholesale** \_\_\_\_\_ %

## Projected Annual Gross Sales

☐ ≤ \$24,999 ☐ \$1,000,000 - \$4,999,999  
☐ \$25,000 - \$49,999 ☐ \$5,000,000 - \$9,999,999  
☐ \$50,000 – \$99,999 ☐ \$10,000,000 - \$24,999,999  
☐ \$100,000 – \$499,999 ☐ \$25,000,000 – \$49,000,000  
☐ \$500,000 - \$999,999 ☐ ≥ 50,000,000

## Operating Schedule

Months	<input type="checkbox"/> Year	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
	Round												
Days	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat					
Hours	-	-	-	-	-	-	-	-					

**PROCESSING AND DISTRIBUTION OPERATIONS**

CATEGORY	RETAIL	WHOLESALE
Acid/Acidified Food - Shelf Stable (Pickles, Relish, Salsa)	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol: Beer/Wine/Distilled Spirits	<input type="checkbox"/>	<input type="checkbox"/>
Bakery Products (Dough/Mixes/Icings)	<input type="checkbox"/>	<input type="checkbox"/>
Bottled Coffee/Tea	<input type="checkbox"/>	<input type="checkbox"/>
Bottled Water	<input type="checkbox"/>	<input type="checkbox"/>
Candy and Confectionery Products	<input type="checkbox"/>	<input type="checkbox"/>
Coffee Bean Roasting	<input type="checkbox"/>	<input type="checkbox"/>
Deli Sandwiches/Wraps	<input type="checkbox"/>	<input type="checkbox"/>
Dressing and Condiments	<input type="checkbox"/>	<input type="checkbox"/>
Fats/Oil Refining and Blending	<input type="checkbox"/>	<input type="checkbox"/>
Fermented Foods (Kombucha/ Sauerkraut)	<input type="checkbox"/>	<input type="checkbox"/>
Fresh Fruit/Vegetable	<input type="checkbox"/>	<input type="checkbox"/>
Fruit/Vegetable Juice – HACCP	<input type="checkbox"/>	<input type="checkbox"/>
Grain Milling	<input type="checkbox"/>	<input type="checkbox"/>
Ice Production on the Premise	<input type="checkbox"/>	<input type="checkbox"/>
Jams/Jellies/Fruit Spreads	<input type="checkbox"/>	<input type="checkbox"/>
Low Acid Canning – HACCP (Vegetables/Soups)	<input type="checkbox"/>	<input type="checkbox"/>
Nuts: Blanching/Roasting/Grinding	<input type="checkbox"/>	<input type="checkbox"/>
Oils/Vinegars Infused	<input type="checkbox"/>	<input type="checkbox"/>
Packaged Meals & Meal Kits	<input type="checkbox"/>	<input type="checkbox"/>
Reduced Oxygen Packaging - HACCP	<input type="checkbox"/>	<input type="checkbox"/>
Repacking from Bulk Quantities	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich Spreads and Salads (Pimento Cheese/Egg Salad)	<input type="checkbox"/>	<input type="checkbox"/>
Snack Foods	<input type="checkbox"/>	<input type="checkbox"/>
Spices, Flavors, and Salt	<input type="checkbox"/>	<input type="checkbox"/>
Sprout Processing	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

**BUSINESS MODEL** (Briefly describe your business model and business location.)**FOOD PRODUCTION AND PROCESSING METHODS** (Briefly describe products received, produced, held, and/or distributed.)**STORAGE AND TRANSPORTATION** (Briefly describe storage and transportation. Include addresses of offsite storage locations.)

By signing this form, I attest that the information contained herein, including any supplemental documentation attached to this document for the submission process, is accurate for my intended operations. I understand that any changes to my business model or facility operations may necessitate additional facility and/or equipment requirements. I will notify the Alabama Department of Public Health prior to beginning any change of operation not originally disclosed on this form, so the facility and/or equipment requirements can be reassessed to ensure continued compliance with the Department's regulations.

I am aware that completion of this application does not grant me permission to begin construction, conversion, or remodeling, and that doing so constitutes a violation of the Alabama State Committee of Health Rules.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_