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

Operating Schedule

Months	☐Year Round	☐Jan	☐Feb	☐Mar	☐ Apr	☐May	☐Jun	☐ Jul	☐Aug	☐Sept	☐ Oct	☐Nov	☐ Dec
Days	☐Weekdays		☐Sun		☐Mon		☐Tues		☐ Wed		☐Thurs		☐Fri	☐Sat
Hours	-		-		-		-		-		-		-	-

PROCESSING AND DISTRIBUTION OPERATIONS

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

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: _____