MANUFACTURED FOOD PLAN REVIEW APPLICATION

ALABAMA DEPARTMENT OF PUBLIC HEALTH

For Department Use Only

_____ Date Received
_____ Receipt Date
_____ Fee Code
_____ Fee Amount

_____ County
_____ District
_____ Receipt Number
_____ Client Number

☐ **New Construction** ☐ **Remodel/Renovation of Permitted Facility**

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 Point of Contact ☐ Check if Same as below

First Name _____ Last Name _____ Title _____

Phone _____ Email Address _____

Company Name _____

Owner/President/CEO First Name _____ Owner/President/CEO Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Email Address _____

Business Type

☐ Retail (Sells to Final Consumer)

☐ Wholesale (Sells to Other Businesses)

☐ Intrastate (Inside AL)

☐ Interstate (Outside AL)

☐ Wholesale and Retail on Same Premises

☐ Central Kitchen

☐ Other _____

Projected Opening Date _____

Projected Gross Annual Percent Wholesale _____%

Total Square Footage of Facility _____

Total Number of Employees _____

Operations in Shared Kitchen ☐ Yes – Permit # _____ ☐ No

Water Source ☐ Public ☐ Well

Sewage Disposal ☐ Public Sewer ☐ Septic – Permit # _____

Required Items for New Construction (*Some items may be optional for remodels)

☐ Proposed plan(s) with architectural stamp or drawn-to-scale that includes at minimum:
- Site Plan
- Layout of Facility (with finish schedules)
- Plumbing, Lighting, Electrical, Ventilation Schematics
- Storage Areas
- Bathrooms
- Employee Breakroom

☐ Manufacturer Specification Sheets for all Equipment
☐ Detailed Flow of Food for Each Item Manufactured
☐ Labels and Packaging for Each Item Manufactured
☐ Distribution Plan
☐ HACCP for Specialized Processes (if applicable)
☐ Onsite Septic System Permit or Approval (if applicable)
☐ Plan Review Fee (if applicable)

Submit completed application and supplemental documentation to:
manufacturedfood@adph.state.al.us

Hard copies of the plan review application, drawings/plans, and supplemental documents can be mailed to:

Bureau of Environmental Services
ATTN: Manufactured Food Processing Branch
201 Monroe Street, Suite 1250
Montgomery, AL 36104

For questions regarding the application and plan review call (334) 206-5375.

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: _____