

ALABAMA DEPARTMENT OF PUBLIC HEALTH
APPLICATION FOR A PERMIT TO OPERATE



PLEASE PRINT LEGIBLY

DATE: _____, 20____ COUNTY _____

LEGAL NAME of Establishment: _____
Include DBA if other than Legal name _____

Physical Address of Establishment: _____

City / Town: _____ Zip Code _____ Phone Number: _____

Applicant Business Structure is a (check one):

- Corporation Limited Liability Corporation (LLC) Partnership **Individual / Sole Proprietorship Nonprofit Corporation

**For Individual / Sole Proprietorship only: Number of Employees NOT Including Yourself _____

- Municipality County State Joint City / County Other: _____

NAME of **OWNER** / Proprietor: _____

Mailing Address (if different): _____

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:

- | | |
|--|--|
| <input type="checkbox"/> Food Service Establishment / Catering / Schools | <input type="checkbox"/> Retail Food Store |
| <input type="checkbox"/> Limited Food Service Establishment | <input type="checkbox"/> Mobile Food Establishment
(Plan of Operations Attached) |
| <input type="checkbox"/> Temporary Food Service Establishment | <input type="checkbox"/> Limited Retail Store |
| <input type="checkbox"/> Food Processing Establishment | <input type="checkbox"/> Camp : Type
<input type="checkbox"/> Day <input type="checkbox"/> Resident |
| <input type="checkbox"/> Hotel - Number of Rental Units _____ | <input type="checkbox"/> Swimming Pools
<input type="checkbox"/> Yes <input type="checkbox"/> No |

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: _____

PRINT: _____ TITLE: _____

FOR OFFICIAL USE ONLY

US Citizenship Verified ? YES NO N / A
Are products from this establishment distributed in intercounty commerce? Yes No

Application Approved By: _____ PERMIT Number Issued: _____

Local Health Department _____ Date _____

If Applicable: _____ ISSUE DATE: _____

Fee Code: _____ Client Number: _____

Fee Amount: _____ Receipt Number: _____

Fee Paid: _____ EXPIRATION DATE: _____