ALABAMA DEPARTMENT OF PUBLIC HEALTH
APPLICATION
FOR A PERMIT TO OPERATE

Date:_____, 20____ County: _____

Name of Establishment:_____

Street Address: _____ Establishment Phone: ( ) _____-_____

City/Town: _____ Zip Code: _____

Name of Owner/Proprietor: _____

Mailing Address: _____

Owner City: _____ Owner State: AL Owner Zip: _____

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:

- ☐ Food Service Establishment / Catering
- ☐ Limited Food Service Establishment
- ☐ Temporary Food Service Establishment
- ☐ Food Processing Establishment
- ☐ Hotel Number Rental Units:_____

  Swimming Pool: Yes ☐ No ☐
- ☐ Mobile Food Establishment (plan of operations attached)
- ☐ School Lunchroom
- ☐ Retail Food Store
- ☐ Limited Retail Food Store
- ☐ Food Vending Machine
- ☐ Camp Type: ___Day ☐ ___Resident ☐

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? YES NO

Application Approved By:

_____ Date _____

Local Health Department

If Applicable:

Fee Code: _____

Fee Amount _____ Receipt Number: _____

Fee Paid _____

Seating Capacity: _____

Permit Number Issued:

_____

Issue Date:

_____

Expiration Date:

_____