

FAX NUMBER 256-535-6545  
PHONE NUMBER: 256-539-3711

MADISON COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH  
P. O. BOX 467, HUNTSVILLE AL 35804

APPLICATION FOR PERMIT TO OPERATE

**NOTE: IF YOU OPERATE MULTIPLE ESTABLISHMENTS AT THE SAME LOCATION, PLEASE COMPLETE ONE APPLICATION FOR EACH!!**

DATE \_\_\_\_\_, 20\_\_\_\_\_ MADISON COUNTY

NAME OF ESTABLISHMENT \_\_\_\_\_

STREET ADDRESS OF EST. \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE# \_\_\_\_\_

ESTABLISHMENT MANAGER \_\_\_\_\_

NUMBER OF EMPLOYEES \_\_\_\_\_

OWNER INFORMATION: NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ WORK PHONE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CARE OF \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

EMERGENCY NOTIFICATION

| NAME/TITLE      | DAY PHONE             | NIGHT PHONE           |
|-----------------|-----------------------|-----------------------|
| CONTACT 1 _____ | _____ - _____ - _____ | _____ - _____ - _____ |
| CONTACT 2 _____ | _____ - _____ - _____ | _____ - _____ - _____ |

TYPE OF PERMIT – Check one:

- FOOD SERVICE ESTABLISHMENT
- LIMITED FOOD SERVICE ESTABLISHMENT
- FOOD PROCESSING ESTABLISHMENT
- HOTEL – Number of Units \_\_\_\_\_
- Swimming pool – List Cart, Pool Operators and data of Cart on back of this form.
- RETAIL FOOD STORE
- LIMITED RETAIL FOOD STORE
- FOOD VENDING MACHINE
- CAMP – TYPE: DAY \_\_\_\_\_ RESIDENT \_\_\_\_\_
- TEMPORARY FOOD SERVICE

I hereby certify that the above statements are true and correct, and I (we) agree 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 names establishment for inspection purposes.

Signed \_\_\_\_\_  
Title \_\_\_\_\_

FOR OFFICIAL USE ONLY

Are products from this establishment distributed in inter-county commerce?  YES  NO

Application approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Permit Number Issued: \_\_\_\_\_

Local Health Department District: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Remarks: \_\_\_\_\_ Expiration Date: \_\_\_\_\_