



Mobile County Health Department
Department of Food and Lodging
Application

Applications must be SIGNED, remitted with the FEE, and POSTMARKED no later than SEPTEMBER 30. A late fee of \$100.00 will be assessed on all applications with a postmark later than September 30 whether or not the date falls on a weekend. Please correct any errors or make changes to the information below. Please return your application and fees to the Department of Food and Lodging, Mobile County Health Department, P.O. Box 2867, Mobile, AL 36652-2867.

BILLING ADDRESS:
BILL TO:
STREET OR P.O. BOX:
CITY/STATE/ZIP

Telephone:
Fax:
Email:

PERMIT FEE:
TOTAL DUE

PERMIT NUMBER:

AREA: SUB-AREA: INSPECTOR:

ESTABLISHMENT ADDRESS
CITY/STATE/ZIP
TELEPHONE

ESTABLISHMENT MAILING ADDRESS
STREET OR P.O. BOX:
CITY/STATE/ZIP

OWNER/CORPORATION ADDRESS
NAME
STREET OR P.O. BOX
CITY/STATE/ZIP
TELEPHONE:
FAX:
EMAIL ADDRESS:

CHANGE OF OWNER
NAME OF ESTABLISHMENT
ESTABLISHMENT ADDRESS:
STREET:
CITY:
STATE:
TELEPHONE:
BILLING ADDRESS:
BILL TO
STREET OR P.O. BOX:
CITY:
STATE:
TELEPHONE:
EMAIL ADDRESS:
OWNER/CORPORATION ADDRESS:
NAME
STREET OR P.O. BOX:
CITY:
STATE:
TELEPHONE:
EMAIL ADDRESS:

Water: Public Private Sewer: Public Private System

I hereby certify that the information given above is true and correct and I 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 DATE

OFFICIAL USE ONLY

Application Approved By Date Date Issued
Permit No. Issued Expiration Date
Fee Paid Date Ck. No. Bank