



# Mobile County Health Department Department of Food and Lodging Permit Application

www.MCHD.org  
(251) 690-8116

Applications must be **SIGNED**, remitted with the **FEE**, and **POSTMARKED** no later than **SEPTEMBER 30**. **A late fee of \$150.00 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**. We encourage you to visit our website, [www.mchd.org](http://www.mchd.org), for updates, forms, fees and posting of helpful information.

**BILLING ADDRESS**

**CHANGE OF OWNER**

BILL TO:  
ADDRESS:

BILL TO: \_\_\_\_\_  
Street or P.O. Box: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
New Billing eMail: \_\_\_\_\_  
Billing eMail: \_\_\_\_\_

**PERMIT FEE:** \_\_\_\_\_  
**LATE FEE:** \_\_\_\_\_  
**OTHER FEES:** \_\_\_\_\_  
**TOTAL DUE:** \_\_\_\_\_

**PERMIT NO.**  
**AREA:**

**SUB-AREA:**

**PRINTED:**  
**INSPECTOR:**

(All fees owed may not be reflected and must be paid before a permit is issued).

**ESTABLISHMENT NAME/STREET ADDRESS**

**CHANGE OF OWNER**

Estab. Name:  
Street Address:  
City/State/Zip:  
Telephone:

Estab. Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**OWNER/CORPORATION ADDRESS**

**OWNER/CORPORATION ADDRESS**

Owner/Corp. Name:  
Street or P.O. Box:  
City/State/Zip:  
Telephone:  
Employer Ident. No.:  
Website:

Owner/Corp. Name: \_\_\_\_\_  
Street or P.O. Box: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Employer Ident. No.: \_\_\_\_\_  
Website: \_\_\_\_\_

**OWNER INFORMATION**

**OWNER INFORMATION**

Driver License State/No.:

Driver License State/No.: \_\_\_\_\_

**Water:** Public \_\_\_\_\_ Private \_\_\_\_\_

**Sewer:** Public \_\_\_\_\_ Private \_\_\_\_\_

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.

Fees are nonrefundable and nontransferable. A \$60.00 Re-inspection fee will be applied for all follow-up and repeat inspections.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**OFFICIAL USE ONLY**

Application Approved By _____		Date _____	Date Issued _____
Permit No. Issued _____		Expiration Date _____	
Date Received _____	Permit Fee (s) _____	Other Fee(s) Paid _____	
Late Fee(s) Paid _____	Total Fee(s) Paid _____	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order
CK/MO/No. _____	Bank _____		