

MOBILE COUNTY HEALTH DEPARTMENT INSPECTION SERVICES

TEMPORARY FOODS APPLICATION FOR A PERMIT TO OPERATE

Post Office Box 2867
Mobile, AL 36652-2867

251-405-4531(fax)
MCHD.org

Date of Event: _____ 20____ Event _____

Event Location _____

Name of Event Sponsor: _____

Street Address: _____

City/State: _____ Zip Code: _____ Phone: _____

Vendor/Owner's Name: _____

Mailing Address: _____

City/State: _____ Zip Code: _____ Phone: _____

Name of Stand/Unit: _____

Location of Stand/Unit: _____

Applications and fees must be received a week prior to the event. All fees are nonrefundable and nontransferable. A \$60.00 Re-inspection fee will be applied for all follow-up and repeat inspections.

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 County 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/unit for inspection purposes.

Signed _____

Title _____ Date _____

Please check the duration period of the event.

1-3 days (\$175.00) _____ **4-14 days (\$200)** _____ **over 14 days(\$400)** _____

FOR OFFICIAL USE ONLY

Application Approved By: _____

Permit Number Issued: _____

Issue Date: _____ From _____ to _____

Date Received _____

Fee Paid _____ Check# _____ Bank Name _____

Cash _____ Money Order# & Name _____

Applications and all fees are required to be paid in full 14 days prior to the event. If fees and applications are not submitted prior to the event, the vendors will not be permitted to operate and will be asked to leave the premises