MCHD
mobile county health department
A legacy of excellence since 1816

Mobile County Health Department
Inspection Services Department
PERMIT APPLICATION

251 N. Bayou St., Bldg. 6
Mobile, AL 36603
251-690-8116
MCHD.org

Applications must be **SIGNED**, remitted with the **FEE**, and **POSTMARKED** no later than **SEPTEMBER 30th**. **A late fee of $200.00 will be assessed on all applications with a postmark later than September 30th 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 Inspection Services Department, Mobile County Health Department, P.O. Box 2867, Mobile, AL 36652-2867. We encourage you to visit our website at MCHD.org for a listing of rules, regulations, forms, fees and posting of helpful information.

BILLING ADDRESS	**CHANGE OF OWNER**
BILL TO:	BILL TO:
ADDRESS:	STREET OR P.O. BOX:
	CITY/STATE/ZIP:
	NEW BILLING EMAIL:
	BILLING EMAIL:

PERMIT FEE:	PERMIT NO.:		PRINTED:
LATE FEE:	AREA:	SUB-AREA:	INSPECTOR:
OTHER FEES:			
TOTAL DUE:	**(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:	ESTAB. NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY/STATE/ZIP:	CITY/STATE/ZIP:
TELEPHONE:	TELEPHONE:

OWNER/CORPORATION ADDRESS	**OWNER/CORPORATION ADDRESS**
OWNER/CORP. NAME:	OWNER/CORP. NAME:
STREET OR P.O. BOX:	STREET OR P.O. BOX:
CITY/STATE/ZIP:	CITY/STATE/ZIP:
TELEPHONE:	TELEPHONE:
EMPLOYER IDENT. NO.:	EMPLOYER IDENT. NO.:
WEBSITE:	WEBSITE:

OWNER INFORMATION	**OWNER INFORMATION**
DRIVER LICENSE STATE/NO.:	DRIVER LICENSE STATE/NO.:

WATER ☐ PUBLIC ☐ PRIVATE	**SEWER** ☐ PUBLIC ☐ PRIVATE
EXISTING DUMPSTER PAD ☐ YES ☐ NO	**EXISTING DUMPSTER PAD** ☐ YES ☐ NO

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 $80.00 Re-inspection fee will be applied for all follow-up and repeat inspections. Permit application fees do not include special events. All fees are non-inclusive and additional charges may apply.

SIGNED	DATE

OFFICIAL USE ONLY		
APPLICATION APPROVED BY:	DATE:	DATE ISSUED:
PERMIT NO. ISSUED:		EXP. DATE:
DATE RECEIVED:	PERMIT FEE(S):	OTHER FEE(S) PAID:
LATE FEE(S) PAID:	TOTAL FEE(S) PAID:	☐CREDIT CARD ☐CASH ☐CHECK ☐MONEY ORDER
CK/MO/NO.:	BANK:	☐SAVE PROGRAM