REQUEST FOR INSPECTION FORM

Jefferson County Department of Health
Food & Lodging Protection Division
Mailing Address: P.O. Box 2648, Birmingham, AL 35202-2648
Street Address: 1400 6th Avenue South, Birmingham, AL 35233 (205)930-1598

Today's Date: _____

I am requesting a walk-through inspection for my business.

Owner's Name: _____

Business Name: _____

Establishment/Facility Address: _____

_____ , AL _____

Contact Phone Number: _____

Email Address: _____

For Official Use Only

Reason for Request:

- ☐ Change of Ownership (COO)
- ☐ Assessment of Operations / Facility

Type of Business:

- ☐ Food Service
- ☐ Hotel
- ☐ Child Care Facility
- ☐ Other _____

Comments: _____

Assigned to Territory: _____ **Entered by:** _____

Rev. 02.2026

Jefferson County Department of Health
APPLICATION
FOR A PERMIT TO OPERATE

Date:_____ , 20____ County: _____

Name of Establishment:_____

Street Address: _____ Establishment Phone: ( ) _____-_____

City/Town: _____ Zip Code: _____

Name of Owner/Proprietor: _____

Mailing Address: _____

Owner City: _____ Owner State: ___ Owner Zip: _____

Manager's Name: _____ Telephone Number ( ) _____-_____

Smoking Policy: ☐ Smoking, ☐ Non Smoking, ☐ Designated Smoking

TYPE OF PERMIT--Check one:

☐ **Camp**

Type: ☐ **Day** ☐ **Resident**

Swimming Pool: ☐ **Yes** ☐ **No**

maximum # campers

Type of Building Occupancy	Toilet	Urinals*	Lavatories	Bathing Facility	Drinking Fountains
Dormitories or similar structures for residential camps	Men: 1 seat for each 10 persons	May be substituted as allowed by plumbing code	1 for each 10 persons	1 per 15 persons	1 per 100 persons
	Women: 1 seat for each 10 persons				
Dwellings 1-2 family multi-family for residential camps	1 each dwelling unit		1 each dwelling unit	1 each dwelling unit	Other: 1 kitchen sink per unit
Day Camps	Men: 1 seat for every 30 persons	May be substituted as allowed by plumbing code	1 for each 30 persons	N/A	N/A
	Women: 1 seat for every 30 persons				

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 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 _____

Title _____

FOR OFFICIAL USE ONLY

Application Approved By:

_____ **Date** _____
Health Officer

If Applicable:
Fee Code: _____
Fee Amount _____ **Receipt Number:** _____
Fee Paid _____
Seating Capacity: _____

YES **NO**

Permit Number Issued:
_____

Issue Date:
_____

Expiration Date:
_____

Vers. 02.2026

JEFFERSON COUNTY DEPARTMENT OF HEALTH

FOOD & LODGING PERMITTING CHECK LIST

- COMPLETED PERMIT APPLICATION ☐
- EMAIL ADDRESS (USED FOR COMMUNICATION):
- MAILING ADDRESS (PERMIT WILL BE MAILED TO THIS ADDRESS):
- PHONE NUMBER (USED FOR COMMUNICATION):
- FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER IF INDIVIDUAL:
- COMPLETED DECLARATION OF BUSINESS OWNERSHIP STRUCTURE: ☐
- PROVIDED EMAIL ADDRESS FOR JALINE THOMAS (jaline.thomas@jcdh.org) TO EMAIL COPY OF DRIVER'S LICENSE IF THE BUSINESS OWNERSHIP STRUCTURE IS **INDIVIDUAL AND ZERO (0) EMPLOYEES**

JEFFERSON COUNTY DEPARTMENT OF HEALTH

LICENSE/PERMIT APPLICANT'S DECLARATION OF BUSINESS OWNERSHIP STRUCTURE

Name of Establishment or Facility

Business Entity Owner (Trade Name)

Facility Street Address | City | Zip Code

Number of employees (Not including owner)

Applicant is a (check one):

Individual	☐	Nonprofit corporation	☐	Municipality	☐
Partnership	☐	Limited Liability Corporation	☐	County	☐
Corporation	☐	State	☐	Joint City/County	☐

Other: ☐ _____

I declare, under penalty of perjury, under the laws of the State of Alabama that the information I provided is true and correct to the best of my knowledge.

Printed Name | Signature

Date

FOR DEPARTMENTAL USE ONLY

Type of License/Permit: _____

JCDH Employee: _____