



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: _____



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:

Health Officer

Date _____

YES NO

Permit Number Issued:

Issue Date:

If Applicable:

Fee Code: _____

Fee Amount _____

Receipt Number: _____

Fee Paid _____

Expiration Date:

Seating Capacity: _____