



Food Establishment Health Permit Application



PLEASE FILL OUT FORM COMPLETELY

- New Establishment
 New Owner
 Name or Location Change
 Renewal Application

Establishment Name _____

Establishment Address _____

Establishment Phone Number _____ Email _____

Billing Address _____
City State Zip Code

Establishment Owner _____ Owner Phone _____

Owner Address _____
City State Zip Code

Type of Establishment (Please select one)			
<input type="checkbox"/> Restaurant/Fast Food	<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Bakery	<input type="checkbox"/> Sno-Cone Stand
<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Mobile Food Unit	<input type="checkbox"/> Meat Market	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Daycare	<input type="checkbox"/> School	<input type="checkbox"/> Deli	<input type="checkbox"/> Other (Bar/Drinks Only) Or Specify: _____

Hours of Operation						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Fee Schedule		Total # of Employees _____
1 to 3 Employees	\$150.00	
4 or More Employees	\$250.00	
Mobile Food Unit	\$250.00	
Daycare	\$150.00	
Non-Profit	\$60.00	<small>FOOD HANDLER: Any full or part time person handling food or food equipment. Examples: Ice handlers, cooks, butchers, bakers, bar person, wait staff, and day care workers</small>
		<small>FOOD MANAGER: Required for each establishment that serves/prepares potentially hazardous food.</small>

The holder of this permit is responsible for knowing and adhering to all ordinances pertaining to their business as provided by the City of Huntsville Code of Ordinances. **PERMIT MUST BE POSTED IN PUBLIC VIEW.**

Inspector Approval:

Applicant Name (Please Print) _____ Date _____

Applicant Signature _____ Date _____

Inspector Signature _____ Date _____

CASH, CHECK, CREDIT CARD, OR MONEY ORDER MUST ACCOMPANY THIS APPLICATION.