

Alabama Department of Agriculture and Industries  
**APPLICATION FOR FOOD SAFETY PERMIT - \$50**  
FOR PERIOD JULY 1, 2019 THROUGH JUNE 30, 2020

**\$50 PERMIT FEE + \$7.50 LATE PENALTY If Postmarked After July 31, 2019**

**\*\*DO NOT SEND CASH\*\* WE ACCEPT CHECK OR MONEY ORDER ONLY**

**Make Payable to: *Alabama Department of Agriculture / Food Safety Section.***

**RETURN COMPLETED & SIGNED FORM WITH PAYMENT TO:**

AL Department of Agriculture and Industries  
FOOD SAFETY SECTION – ROOM 218  
1445 Federal Drive, Montgomery, AL 36107-1123  
PHONE (334) 240-7202

Email: [Belinda.mulder@agi.alabama.gov](mailto:Belinda.mulder@agi.alabama.gov)

(QUESTIONS ONLY- DO NOT SEND APPLICATIONS BY EMAIL)

Date \_\_\_\_\_

Store I.D. \_\_\_\_\_  
(See Renewal Letter)

The undersigned hereby makes application for Food Safe Permit as required by the "Alabama Safe Foods Act of 2000", Chapter 1, Title 20, Code of Alabama (1975) as amended. A permit fee of \$ 50.00 is required for operation of each Food Sales Establishment that sells baby food, infant formula or potentially hazardous foods (i.e. dairy, eggs, meat, etc.).

\*\*\* PLEASE PRINT LEGIBLY OR TYPE \*\*\*

NAME OF STORE PERMITTED \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ ( ) \_\_\_\_\_  
PHONE # OF STORE

CITY, STATE, ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MAIL PERMIT TO – NAME \_\_\_\_\_ ( ) \_\_\_\_\_  
(Enter a Business Name or Individual's Name) PHONE

MAILING ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

***\*If application is postmarked after July 31<sup>st</sup> you must include the 15% PENALTY of \$7.50 for a PERMIT TOTAL of \$57.50 for each business location.***

**Application must be signed.** In filing this application for a permit, the undersigned agrees to comply with the Alabama Safe Foods Act and all rules and regulations promulgated thereunder.

SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

**\*\*VERY IMPORTANT: Who can we call if we have questions about the info given on this form?**

NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

**\*\*\*DO NOT WRITE IN THIS BOX - FOR FOOD SAFETY OFFICE USE ONLY\*\*\***

Money Order # \_\_\_\_\_ CK Amount \$ \_\_\_\_\_ CK# \_\_\_\_\_

Date Processed \_\_\_\_\_ Permit Fee \$50 each = \_\_\_\_\_

Approved By \_\_\_\_\_ + 15 % Penalty\* \_\_\_\_\_

\* (\$7.50 EACH IF POSTMARKED AFTER 7/31/19)

PERMIT NUMBER \_\_\_\_\_ TOTAL \$ \_\_\_\_\_