

RECEIVED
AUG 17 2018
4Bce
RC
ICC
Kerry C
Beverly

BALDWIN COUNTY HEALTH DEPARTMENT

Please find enclosed your application to renew your food permit for FY 2018-2019. **Permits must be renewed annually. Your current permit will expire on September 30, 2018. Mailed fees must be postmarked by September 30, 2018 in order to avoid a late fee of \$50.00.** If any information on the application is incorrect, strike through it and enter the correct information. Note the space for "manager name" is used for the name of the person who has attended or holds the managers food handling certification of an approved food/sanitation course.

Attn: New Law in Alabama. Sadie Grace Andrews Act, Alabama Code 1975 22-20-5.2 Food Establishments to secure covers of grease traps. Handout attached and this law will be enforced beginning December 1, 2018.

Establishments on private wells are required to be sampled and tested at least annually as required by state water regulations. Please submit a current well water sample test report to our office before September 30th.

Please include the application with your payment. Make sure the application is signed and all the information is accurate!

Thank you.

August 2018

August 13, 2018

INVOICE

For

Permit Fee Collected By The Baldwin County Health Department

**TO: Baldwin County Commission
312 Courthouse Sq. Ste 12
Bay Minette AL 36507-**

**RE: Loxley SAIL Center
14090 County Highway 66
Loxley AL 36551**

Type of Permit: Priority Category 2

Permit Number : LF-3870

Please remit: \$0.00

to the Health Department address below NOT LATER THAN 09/30/18. If the fee for this permit is received after September 30th, a \$50.00 late fee will be added to the permit fee. Your permit will be mailed to you on receipt of your payment. If preferred, you may come by the Health Department to pay your permit fee.

**Baldwin County Health Department
P.O. Box 369
Robertsdale, AL 36567**

Your cooperation is greatly appreciated.

ALABAMA DEPARTMENT OF PUBLIC HEALTH
APPLICATION
FOR A PERMIT TO OPERATE



****PLEASE PRINT LEGIBLY****

Date **08/13/18**

Baldwin County

LEGAL NAME of Establishment: **Loxley SAIL Center**

include DBA if other than legal name: _____

Physical Street Address **14090 County Highway 66**

City/Town: **Loxley**

Zip Code: **36551-**

Phone: **(251) 964-5330**

Applicant Business Structure is a (check one):

___ Corporation ___ Limited Liability Corporation(LLC) ___**Individual/Sole Proprietorship ___ Partnership ___ Nonprofit Corporati

**For Individual/Sole Proprietorship Enter Number of Employees NOT including yourself: ___

___ Municipality ___ County ___ State ___ Joint City/County

Other: **Baldwin County School Board
County**

Name of Owner/Proprietor **Baldwin County Commission**

Mailing Address(if different) **312 Courthouse Sq. Ste 12**

Owner City: **Bay Minette**

Owner State: **AL**

Owner Zip **36507-**

Manager's Name ~~exempt~~ **Betty Dryden**

Telephone Number **(251) 964-5330**

Smoking Preference: **Designated Smoking**

Smoking, Non Smoking, Designated Smoking

Grease Disposal Method: **n/a**

Grease Disposal Method Approved?: **No**

TYPE OF PERMIT--Check one:

Food Service Establishment/Catering

Seating Capacity: **48**

Limited Food Service Establishment

Temporary Food Service Establishment

Food Processing Establishment

Day Care Food Service

Hotel Number Rental Units **N/A**
Swimming Pool ___ Yes ___ No

Priority Category 2

Retail Food Store

Mobile Food Establishment
(Plan of Operations Attached)

Limited Retail Food Store

Camp Type: Day Resident

School Lunchroom

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 _____

Check # _____

Cash _____

FOR OFFICIAL USE ONLY

US Citizenship Verified? ___ YES ___ NO ___ N/A

Are products from this establishment distributed in intercounty commerce? YES NO

Application Approved By: **Powell**

Date _____

LF-3870

If Applicable:

Fee Code: _____

Receipt Number: **No Fee**

Issue Date: _____

Fee Amount: **\$0.00**

Client Number: **0**

Expiration Date: _____

Fee Paid: \$ _____

RECEIVED
AUG 15 2018
BY: KB

BALDWIN COUNTY HEALTH DEPARTMENT

4BCC
RC
KC
BJ

Please find enclosed your application to renew your food permit for FY 2018-2019. **Permits must be renewed annually. Your current permit will expire on September 30, 2018. Mailed fees must be postmarked by September 30, 2018 in order to avoid a late fee of \$50.00.** If any information on the application is incorrect, strike through it and enter the correct information. Note the space for "manager name" is used for the name of the person who has attended or holds the managers food handling certification of an approved food/sanitation course.

Attn: New Law in Alabama. Sadie Grace Andrews Act, Alabama Code 1975 22-20-5.2 Food Establishments to secure covers of grease traps. Handout attached and this law will be enforced beginning December 1, 2018.

Establishments on private wells are required to be sampled and tested at least annually as required by state water regulations. Please submit a current well water sample test report to our office before September 30th.

Please include the application with your payment. Make sure the application is signed and all the information is accurate!

Thank you.

August 2018

August 13, 2018

INVOICE

For

Permit Fee Collected By The Baldwin County Health Department

**TO: Baldwin County Commission
312 Courthouse Sq. Ste 12
Bay Minette AL 36507-**

**RE: Vaughn SAIL Center
Canaan Road
Stockton AL 36579**

Type of Permit: Priority Category 2

Permit Number : LF-3878

Please remit: \$0.00

to the Health Department address below NOT LATER THAN 09/30/18. If the fee for this permit is received after September 30th, a \$50.00 late fee will be added to the permit fee. Your permit will be mailed to you on receipt of your payment. If preferred, you may come by the Health Department to pay your permit fee.

**Baldwin County Health Department
P.O. Box 369
Robertsdale, AL 36567**

Your cooperation is greatly appreciated.

ALABAMA DEPARTMENT OF PUBLIC HEALTH
APPLICATION
FOR A PERMIT TO OPERATE



****PLEASE PRINT LEGIBLY****

Date **08/13/18**

Baldwin County

LEGAL NAME of Establishment: **Vaughn SAIL Center**

include DBA if other than legal name: _____

Physical Street Address **Canaan Road**

City/Town: **Stockton**

Zip Code: **36579-**

Phone: **(251) 937-4228**

Applicant Business Structure is a (check one):

___ Corporation ___ Limited Liability Corporation(LLC) ___ **Individual/Sole Proprietorship ___ Partnership ___ Nonprofit Corporati

**For Individual/Sole Proprietorship Enter Number of Employees NOT including yourself: ___

___ Municipality County ___ State ___ Joint City/County Other: _____

Name of Owner/Proprietor **Baldwin County Commission**

Mailing Address(if different) **312 Courthouse Sq. Ste 12**

Owner City: **Bay Minette**

Owner State: **AL**

Owner Zip **36507-**

Manager's Name **Wanda Harris**

Telephone Number **(251) 937-4228**

Smoking Preference: **Non Smoking**

Smoking, Non Smoking, Designated Smoking

Grease Disposal Method: **n/a**

Grease Disposal Method Approved?: **No**

TYPE OF PERMIT--Check one:

Priority Category 2

Food Service Establishment/Catering

Seating Capacity: **55**

Retail Food Store

Limited Food Service Establishment

Mobile Food Establishment

Temporary Food Service Establishment

(Plan of Operations Attached)

Food Processing Establishment

Limited Retail Food Store

Day Care Food Service

Camp Type: Day Resident

Hotel Number Rental Units **N/A**
Swimming Pool ___ Yes ___ No

School Lunchroom

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 _____

Check # _____ Cash _____

FOR OFFICIAL USE ONLY

US Citizenship Verified? ___ YES ___ NO ___ N/A

Are products from this establishment distributed in intercounty commerce? YES NO

Application Approved By: **Braswell**

Date _____

LF-3878

If Applicable:

Fee Code: _____

Receipt Number: **No Fee**

Issue Date: _____

Fee Amount: **\$0.00**

Client Number: **0**

Expiration Date: _____

Fee Paid: \$ _____