

**ALABAMA DEPARTMENT OF PUBLIC HEALTH
APPLICATION
FOR A PERMIT TO OPERATE**



****PLEASE PRINT LEGIBLY****

Date _____ The Tin Top LLC Baldwin County:
 LEGAL NAME of Establishment: Tin Top Restaurant & Oyster Bar
 include DBA if other than legal name: The Tin Top Restaurant & Oyster Bar
 Physical Street Address: 17451 17450 County Rd. 49 South
 City/Town: Bon Secour Road Zip Code: 36511- Phone: 251-949-5086

Applicant Business Structure is a (check one):
 Corporation Limited Liability Corporation(LLC) **Individual/Sole Proprietorship Partnership Nonprofit Corporat
 **For Individual/Sole Proprietorship Enter Number of Employees NOT including yourself: _____
 Municipality County State Joint City/County Other: _____

Name of Owner/Proprietor: Tin Top Restaurant & Oyster Bar THE TIN TOP LLC
 In Care of Robert & Patricia Hallmark **Are Pet Dogs Allowed in Outside Dining Area?**
 YES: NO:
 Mailing Address(if different): P.O. Box 328

Owner City: Bon Secour Owner State: AL Owner Zip: 36511-
 Certified Food Manager: James Schindler 3/9/21 Telephone Number 251-949-5086
Email Address REQUIRED: tintophonsecur@gmail.com
 Smoking Preference: Designated Smoking Water Supply: Private 9/15/23 current sample
 Smoking, Non Smoking, Designated Smoking Public Sewer or Septic System Public

TYPE OF PERMIT--Check one:

- Food Service Establishment/Catering
Seating Capacity: 250
- Limited Food Service Establishment
- Temporary Food Service Establishment
- Food Processing Establishment
- Day Care Food Service
- Retail Food Store

Permit Category: **Priority Category 3**

- Mobile Food Establishment
(Plan of Operations Attached)
- School Lunchroom
- Hotel Number Rental Units NA
Swimming Pool Yes No
- Camp Type: Day Resident

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 [Signature]
 Title Owner
 Check # 7811 Cash _____

FOR OFFICIAL USE ONLY	
US Citizenship Verified? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Are products from this establishment distributed in intercounty commerce? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Application Approved By: <u>Shinkarev</u>	Permit Number Issued: FS-6338
Date _____	
If Applicable:	
Fee Code: <u>672</u>	Receipt Number: <u>78758</u>
Fee Amount: <u>\$250.00</u>	Client Number: <u>1757</u>
Fee Paid: \$ _____	Issue Date: _____
	Expiration Date: _____