RECEIVED
AUG 17 2018
4B cc
RC
ICC
CoA Kelly 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.

Establishents 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.

PLEASE PRINT LEGIBLY

ALABAMA DEPARTMENT OF PUBLIC HEALTH
APPLICATION
FOR A PERMIT TO OPERATE

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 Liabilty 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:

Priority Category 2

- ☐ **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
- ☐ **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 16 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.

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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.

PLEASE PRINT LEGIBLY

ALABAMA DEPARTMENT OF PUBLIC HEALTH
APPLICATION
FOR A PERMIT TO OPERATE

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 Liabilty Corporation(LLC) ____**Individual/Sole Proprietorship _____Partnership ____Nonprofit Corporati

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

___Municipality __X__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
- ☐ **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
- ☐ **Retail Food Store**
- ☐ **Mobile Food Establishment**
  (Plan of Operations Attached)
- ☐ **Limited Retail Food Store**
- ☐ **Camp** Type: ☐ Day ☐ Resident
- ☐ **School Lunchroom**

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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: $ _____