

****PLEASE PRINT LEGIBLY****

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



Date FEB 5th 2022 Baldwin County:

LEGAL NAME of Establishment: FRATERNAL ORDER OF EAGLES #4549

include DBA if other than legal name: _____

Physical Street Address : 12456 SANDY LANE

City/Town: Foley Zip Code: 36535 Phone: TBD

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 : CJ DEVELOPMENTS

Are Dogs Allowed in Outside Dining Area?

Mailing Address(if different) : 790 A DAPHNE AVE

YES: NO:

City: Daphne Owner State: AL

Owner Zip: 36524

Certified Food Manager : Robert Sorber

Telephone Number 717.599.2258

Email Address REQUIRED: bob.sorber@ymail.com

Smoking Preference: NON-Smoking
Smoking, Non Smoking, Designated Smoking

Water Supply : Public
Public Sewer or Septic System

TYPE OF PERMIT--Check one:

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

Permit Category: CLUB - NO FOOD

- Mobile Food Establishment
(Plan of Operations Attached)
- School Lunchroom
- Hotel Number Rental Units N/A
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 Paula Brehm

Title SECRETARY

Check # 1558 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: _____ Date: _____ Permit Number Issued: _____

If Applicable:

Fee Code: 670 Receipt Number: 82899 Issue Date: _____

Fee Amount: \$175.00 Client Number: 22891 Expiration Date: _____

Fee Paid: \$ 175.00 5-31-22