

# Application for New Permit

			For Health Department Use Only	
Name of Facility			Facility ID Number	
Physical Address			PIN Number	Environmental Code
City		State	Zip	
Mailing Address <i>(if different from physical address)</i>			Facility Phone Number	PH Priority
City		State	Zip	
Facility Manager Name			Email	Fax #

Owner is *(check [✓] one)*:  Association     Corporation     Individual     Partnership     Other \_\_\_\_\_

Owner Name	Owner/Designee	Designee/Contact Info
Address		Phone Number/Cell

Corporate Supervisor *(if applicable)*

Address	Phone Number
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Smoke Free     Yes     No

I have received a copy of the Mississippi State Department of Health \_\_\_\_\_ and am familiar with all applicable sections. I have complied with all requirements of this regulation. As owner/manager of the above facility, I hereby request the Mississippi State Department of Health to make an inspection and to issue a permit to operate the facility/business named above and agree that upon proper

identification a representative of the Department of Health may enter upon these premises and into this facility/business for the purpose of making official inspections and/or collecting samples if applicable at any time this facility/business is open for business. It is further understood that, should a permit be issued, it may be suspended or revoked at any time for just cause, as determined by the regulatory authority.

<b>Applicant Name/Signature</b>		<b>Date</b>
Address	Email	Phone Number

For Health Department Use Only	
Application Approved Date _____	Signature _____
Facility is <i>(check [✓] one)</i> : <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Conversion	
Plan Review Approved Date _____	Signature _____