



**ALABAMA STATE BOARD OF
VETERINARY MEDICAL EXAMINERS**
8100 SEATON PLACE – SUITE A
MONTGOMERY, ALABAMA 36116
334/395-5112
FAX: 334/395-5117



PREMISE PERMIT APPLICATION

Date:	
Premise Permit Inspection Fee: <u>\$200.00</u>	
New Inspection: _____ Reinspection / Change of Ownership: _____	
Facility Name:	
Facility Address:	
Telephone Number:	Fax Number:
Email Address:	
<u>Veterinarians Responsible for Management of Premise</u>	
Name:	License Number:
Name:	License Number:
Name:	License Number:
Name:	License Number:
Name:	License Number:
Signature:	Date: