



COMMONWEALTH OF VIRGINIA

Department of Health
Central Shenandoah Health District

Application For A Food Establishment Permit

Application for a: [] New establishment [] Renewal [] Name change [] Change of owner

Name of establishment: _____ Telephone: _____
Mailing address: _____ Fax: _____

Physical location common name and address:

Applicant's name: _____ Title: _____

Mailing address: _____

Telephone: _____ Email address: _____

Legal owner type: [] Association, [] Corporation, [] Individual, [] Partnership, [] Other legal entity

Legal owner name: _____ Telephone: _____

Legal owner mailing address: _____

Billing address: _____

If legal owner is other than an individual, please attach a list of names, titles, and addresses of all persons comprising the legal ownership.

Local registered agent (if required - out of state corporations must identify registered agent for Virginia)

Name: _____ Title: _____

Address: _____ Telephone: _____

Person directly responsible for the establishment

Name: _____

Title: _____

Address: _____

Telephone: _____

Immediate supervisor of responsible person

Name: _____

Title: _____

Address: _____

Telephone: _____

Is the food establishment: (check appropriate box) stationary or mobile

Is the food establishment: (check appropriate box) temporary or permanent

Does the establishment: (check Yes or No)

(1) Prepare, offer for sale, or serve *potentially hazardous food*: Yes or No

(a) Only to order upon a consumer's request Yes or No

(b) In advance quantities Yes or No

(c) Using *time as the public health control* Yes or No

(2) Prepare *potentially hazardous food* in advance using a food preparation method that involves two or more steps which may include combining *potentially hazardous food* ingredients, cooking, cooling, reheating, hot or cold holding, freezing, or thawing Yes or No

(3) Prepare food as specified under (2) for delivery to and consumption at a location off premises of the food establishment where it is prepared Yes or No

(4) Prepare food as specified under (2) of this section for service to a *highly susceptible Population* (i.e., the elderly, children, or those with weakened immune systems) Yes or No

(5) Prepares only food that is not potentially hazardous Yes or No.

The terms above in *italics* are defined in the Commonwealth of Virginia Board of Health Food Regulations.

The Commonwealth of Virginia Board of Health Food Regulations can be found at:
<http://www.vdh.virginia.gov/EnvironmentalHealth/Food/Regulations/index.htm>

Please Attach a Proposed Menu

Total number of seats: _____

Number of smoking seats: _____

Water Supply: (check appropriate box) Public - Name _____ or Private - Type _____

Sewage: (check appropriate box) Public - Name _____ or Private - Type _____

I/We attest to the accuracy of the information provided, affirm to comply with the Food Regulations, allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required, and agree to accept notices issued and served by the regulatory authority.

** It is the responsibility of the person in charge to have a general knowledge of the Food Regulations as they pertain to their establishment.

Signature: _____

Title: _____

Print Name: _____

Date: _____

Office use ONLY

Property Identifier: _____ Tax Map #: _____ Subdivision: _____ Section: _____

Block: _____ Lot: _____

GPIN#: _____ Census Tract: _____

Facility Type: _____ Chain or Franchise: _____

Approved for Permit: (Y or N) _____ By: _____ Date: _____

Date Signed: _____ By: _____

Date Issued: _____ By: _____