

# Commonwealth of Virginia



## Application For A Department of Health Food Establishment Permit

Application for a:     Permit Renewal                       Building Plan Review                       New Establishment  
                          Name Change\*                       Change of owner  
                         (\*Former name of establishment: \_\_\_\_\_)

Account # for existing establishments: \_\_\_\_\_

- **Applications must be updated annually**
- **A complete application must be returned with payment**

Name of Establishment: \_\_\_\_\_

Establishment Physical Address/Location: \_\_\_\_\_

Establishment Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Establishment Fax #: (\_\_\_\_\_) \_\_\_\_\_

Establishment Email address: \_\_\_\_\_

Establishment ***Mailing*** address: \_\_\_\_\_

Establishment ***Billing*** address: \_\_\_\_\_

Billing Phone: (\_\_\_\_\_) \_\_\_\_\_ Billing Fax: (\_\_\_\_\_) \_\_\_\_\_

Applicant's name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Mailing address: \_\_\_\_\_

Emergency Contact (if different from applicant): \_\_\_\_\_ Phone: \_\_\_\_\_

Name, title, address & telephone number of the person who is the immediate supervisor of the person directly responsible for the establishment ( i.e., zone, district or regional supervisor): \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Names, titles & addresses of person(s) comprising the legal ownership (attach list if necessary): \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Establishment owner is a/an: \_\_\_ Association \_\_\_ Corporation \_\_\_ Individual \_\_\_ Partnership \_\_\_ Other

Name, title and address of local registered agent (if required): \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Name, title, address and telephone number of person directly responsible for the establishment:

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Is the food establishment: \_\_\_stationary OR \_\_\_mobile  
\_\_\_ permanent OR \_\_\_ temporary  
\_\_\_ smoking OR \_\_\_ non-smoking OR \_\_\_ restricted area smoking

If seasonal, list months open: \_\_\_\_\_

Seating Capacity \_\_\_\_\_

Does the establishment:

- (1) Prepare, offer for sale, or serve potentially hazardous food:
  - (a) Only to order upon a consumer's request \_\_\_\_\_
  - (b) In advance quantities \_\_\_\_\_
  - (c) Using time as the public health control \_\_\_\_\_

Does the establishment:

- (2) Prepare potentially hazardous food in advance using a food preparation method that involves two or more steps with may include combining potentially hazardous food ingredients, cooking, cooling, reheating, hot or cold holding, freezing, or thawing \_\_\_\_\_
- (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 \_\_\_\_\_
- (4) Prepare food as specified under (2) of this section for service to a highly susceptible population \_\_\_\_\_
- (5) Offer for sale, *but does not prepare*, only prepackaged food that is not potentially hazardous \_\_\_\_\_
- (6) Prepare food that is not potentially hazardous \_\_\_\_\_
- (7) Cater for public events? \_\_\_\_\_ Private events? \_\_\_\_\_

Water Supply: \_\_\_ Public \_\_\_ Private

Sewage: \_\_\_ Public \_\_\_ Private

Wastewater Grease Removal: \_\_\_ Grease trap inside \_\_\_ Grease trap outside \_\_\_ Other \_\_\_ None

*I/we attest to the accuracy of the information provided, affirm to comply with the Food Regulations and allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required.*

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title: \_\_\_\_\_

**FEES:** Foodservice Permit: \$100 Foodservice Plan Review \$75

**Please send completed application and the fee(s) to the appropriate Health Department:**

Charles City Health Department, 7501 Adkins Road, Charles City, VA 23030

Phone: (804) 829-2490

Goochland Health Department, P.O. Box 178, Goochland, VA 23063

Phone: (804) 556-5843

Hanover Health Department, 12312 Washington Hwy., Ashland, VA 23005

Phone: (804) 365-4343

New Kent Health Department, P.O. Box 86, New Kent, VA 23124

Phone: (804) 966-9640

**LIST OF ACCREDITED FOOD MANAGERS CERTIFICATION PROGRAMS**

ServSafe - National Restaurant Association, Educational Foundation, [www.ServSafe.com](http://www.ServSafe.com)

Thompson Prometric - Certified Professional Food Manager, [www.prometric.com](http://www.prometric.com)

National Registry of Food Safety Professionals, Food Safety Manager Certification, [www.nrfsp.com](http://www.nrfsp.com)