



COMMONWEALTH OF VIRGINIA

PERMIT APPLICATION

Portsmouth Health Department

1701 High St., Ste.102 Portsmouth VA 23704

Phone (757) 393-8585 X8585; Fax (757) 393-8027



I/we hereby make application to the Portsmouth Health Department for a permit to operate a:

Restaurant _____ Grocery _____ Seasonal _____ Institution _____ Hotel _____ Day Care _____

Mobile Unit ____ (Name of Commissary) _____ Other _____

New Establishment _____ Change of Ownership _____ Update _____ Other (explain) _____

Establishment Name _____ Phone (757) _____ Fax _____

Address _____ Zip Code _____ Email Address _____

Ownership is by: Individual ____ Corporation ____ Partnership ____ Association ____ Other _____

Owner's/ Corp. Name _____ Phone _____ Email _____

Mailing Address _____ Fax _____ Web Page _____

Operator's/ Manager's Name _____ Phone _____ Email _____

Mailing Address _____ City/State _____ Fax _____

Sewage Disposal: Public/Sewer _____ Onsite Disposal _____ Smoking? _____

Number of Seats _____ Number of Hotel Rooms _____ Number of Slips _____

PHF Served? _____ PHF's prepared from raw products? _____ PHF's cooked, chilled and/or reheated? _____

I/we attest to the accuracy of the information provided, affirm to comply with the Regulations of the Health Department and understand that after issuance of the Health Department Permit requested, the Commissioner of Health or his authorized representative(s) shall have the right to enter the premises of this establishment at any reasonable time to inspect, conduct tests or collect samples as required/needed. I/we further agree to accept notices issued and served by the regulatory authority.

Signature of Applicant or person authorized by applicant to sign this application

Signature _____ Title _____ Date _____

Home Address _____ City & State _____ Zip Code _____

Print Name _____ Home Phone _____

OFFICE USE ONLY

Approved for Permit: Yes _ No _ Date: _____ By: _____

Date Permit Issued: _____ By: _____

Remarks _____