



COMMONWEALTH OF VIRGINIA
 RICHMOND CITY HEALTH DISTRICT
 900 East Marshall Street, B2
 Richmond, VA 23219
 (804) 646-3120
 FAX (804) 646-3938



“Working together for a healthier Richmond”

RCDPH EH#1
 07.06.05

Application For A Food Establishment Permit

Please print clearly or type the information requested below. Submit a completed application including processing fee to the address listed above. The establishment’s name and the legal owner’s name must be the same as that recorded on the City of Richmond business license. Plans and specifications for construction or remodeling of a facility must be submitted to Environmental Health Division for review and approval before any work can be started. A fee is required for the plan review. If any existing equipment is to be replaced or new equipment installed, you must submit the manufacturer’s name and model number for approval before installation. You must also notify Environmental Health Division of a change of ownership.

Application for a: New Establishment Renewal Name Change Change of Ownership

TYPE OF OPERATION: Full Service Fast Food Take-out Caterer Hospital School Concession
 Daycare Mobile Unit Other (please explain) _____

Yearly ____ Seasonal ____ (Indicate months of operation) _____

Name of establishment: _____ Telephone : _____

Establishment address: _____ Fax: _____

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: _____ City: _____ Zip: _____

Telephone: _____ Fax: _____

Immediate supervisor of person directly responsible for the establishment:

Name: _____ Title: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Fax: _____

Name(s) and Expiration date(s) of Certified Food Manager(s): _____ Exp. date: _____

Please attach a copy of certificate(s) _____ Exp. date: _____

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

Hours of operation: Open _____ AM PM Close _____ AM PM

Days of Operation: (Circle) S M T W Th F Sa

Does the establishment: (check Yes or No)

1. Prepare from raw, unfrozen (non-frozen), offers for sale, or serves potentially hazardous food (*food that requires temperature control for safety – meats, cheese, soups, sauces, pasta, cooked vegetables, sliced fruit, etc.*): Yes 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 (*i.e., not temperature controlled*): 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 (*i.e., catering*): 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. Conduct no on-site preparation, but offer for sale only prepackaged food that is not potentially hazardous Yes or No
6. Prepare only food that is not potentially hazardous Yes or No
7. **Priority Assessment**

Priority	Risk Category	Frequency of inspections
<input type="checkbox"/> 1	No Potentially hazardous Foods Served	1 Standard Inspection per year
<input type="checkbox"/> 2	Low Priority	1 Standard and 1 additional
<input type="checkbox"/> 3	Moderate Priority	1 Standard and 2 additional
<input type="checkbox"/> 4	High Priority	1 Standard and 3 additional

Please attach a menu.

USDA food program facility? Yes No

Total number of seats: _____

Number of smoking area seats: _____

Method of refuse disposal: Public Commercial – Type _____

Number of pick-ups per week: _____

- Smoking Status:
- Smoke Free
 - Smoking allowed in restricted area
 - Smoking allowed in no restricted on the public
 - Not applicable – no indoor seating

- Wastewater Grease Removal:
- Grease Trap (Interior)
 - Grease Trap (Exterior)
 - Other: _____
 - None

1. All food establishment permits issued by the Richmond City Health District shall be revalidated annually. A \$100.00 processing fee will be assessed to revalidate/renew the permit.
2. **Permits cannot be transferred from one operator to another or from one location to another.**
3. Permits are subject to revocation for just cause.
4. The Richmond City Health District must be notified when the applicant ceases to be responsible for the establishment.
5. The Richmond City Health District requires a plan review-processing fee of \$75.00 for all new/extensively remodeled food service establishments.
6. **The permit holder will comply with Section 12VAC5-421-3750, responsibilities of permit holder, (12VACS-421 Commonwealth of Virginia Board of Health Food Regulations).**

Upon acceptance of the permit issued by the Richmond City Health District, the permit holder, in order to retain the permit, shall:

1. Post the permit and the most current inspection report in a location inside the food establishment that is conspicuous to consumers;
2. Comply with the provisions of this chapter including the conditions of a granted variance as specified under 12 VAC 5-421-3590, and approved plans as specified under 12 VAC 5-421-3610;
3. If a food establishment is required under 12 VAC 5-421-3620 to operate under a HACCP plan, comply with the plan as specified under 12 VAC 5-421-3590;
4. Immediately contact the regulatory authority to report an illness of an applicant or employee as specified under 12 VAC 5-421-120;
5. Immediately discontinue operations and notify the regulatory authority if an imminent health hazard may exist as specified under 12 VAC 5-421-3910;
6. Allow representatives of the regulatory authority access to the food establishment as specified under 12 VAC 5-421-3820;
7. Except as specified under subdivision 8 of this section, replace existing facilities and equipment specified in 12 VAC 5-421-3510 with facilities and equipment that comply with this chapter if:
 - a. The regulatory authority directs the replacement because the facilities and equipment constitute a public health hazard or nuisance or no longer comply with the criteria upon which the facilities and equipment were accepted,
 - b. The regulatory authority directs the replacement of the facilities and equipment because of a change of ownership, or
 - c. The facilities and equipment are replaced in the normal course of operation;
8. Upgrade or replace refrigeration equipment as specified under subdivision 3 of 12 VAC 5-421-820, if the circumstances specified under subdivision 7 of this section do not occur first, and five years pass after the regulatory authority adopts this chapter;
9. Comply with directives of the regulatory authority including time frames for corrective actions specified in inspection reports, notices, orders, warnings, and other directives issued by the regulatory authority in regard to the permit holder's food establishment or in response to community emergencies;
10. Accept notices issued and served by the regulatory authority according to law; and

11. Be subject to the administrative, civil, injunctive, and criminal remedies authorized in law for failure to comply with this chapter or a directive of the regulatory authority, including time frames for corrective actions specified in inspection reports, notices, orders, warning, and other directives.

I/We attest to the accuracy of the information provided, affirm to comply with the Food Regulations, and the regulatory authority.

Signature: _____ Title: _____

Print Name: _____ Date: _____

Office use Only

Name of Establishment: _____ Tax Map #: _____

Address: _____ Establishment Phone #: _____

Owner: _____ Owner Phone #: _____

GPIN#: _____ Census Tract: _____

Facility Type: _____ Chain or Franchise: _____

Processing Fee: (\$100.00) _____ Date: _____ Receipt # _____

Plan Review Fee: (\$75.00) _____ Date: _____ Receipt # _____

Check/Cash #: _____ Received by: _____

Date Issued/Revalidation: _____ By: _____

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

Date Reviewed: _____ By: _____

