

Commonwealth of Virginia



Application for a Department of Health Food Establishment Permit

Please print or type

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

Type: Full Service Fast Food Carry Out Caterer Adult Care Home Adult Day Care
 Childcare Commissary Continental Breakfast Hospital Jail Nursing home
 Seasonal Fast Food Seasonal Full Service Other: _____

Establishment Name: _____ Telephone: _____

Physical Location: _____ Fax: _____
_____ Mailing Address: _____

Email address: _____
(Important for Product Recalls and Public Health Emergencies)

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

Association, Corporation, Partnership name: _____

Billing Address: _____ Fax: _____

Name, title, address & telephone number of persons comprising the legal ownership (Attach list if necessary):

Local registered agent (if required):

Name: _____

Title: _____

Address: _____

Telephone: _____

Person directly responsible for the establishment:

Name: _____

Title: _____

Address: _____

Telephone: _____

Immediate supervisor of person directly responsible for the establishment:

Name: _____

Title: _____

Address: _____

Telephone: _____

Fax: _____

Hours of Operation:

Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Does this facility (choose Yes or No):

1. Prepare, offer for sale, or serve food that requires temperature control for safety (i.e. meat, dairy, soups, sauces, pasta, cooked vegetables, sliced fruit, seafood, poultry): Yes _____ No _____
 - a. Only to order upon a customer’s request: Yes _____ No _____
 - b. In large quantities to serve later: Yes _____ No _____
 - c. Place food out at normal room temperature for a set period of time: Yes _____ No _____
2. Prepare foods in advance using a preparation method that involves two or more steps which may include combining food ingredients, hot or cold holding, thawing, cooking, freezing, re-heating, etc:
Yes _____ No _____
3. Prepare food as specified under question 2 for delivery to and consumption at location off premises of the food establishment where it is prepared (catering) Yes _____ No _____
If yes, is catering: Full Service _____ Limited _____
4. Prepare food only for children, the elderly, or persons with weakened immune systems: Yes _____ No _____
5. Prepare only food that does not require temperature control: Yes _____ No _____
6. Have a person in charge (PIC) that can demonstrate food safety knowledge: Yes _____ No _____

Seating Capacity: _____

Smoking Status (Please check one): Smoke free _____ or Smoking in restricted areas _____

Water Supply: Public? Yes _____ No _____ Private-Type (i.e. well) _____

Sewage: Public? Yes _____ No _____ Private-Type _____

I/we attest to the accuracy of the information provided, affirm to comply with the Commonwealth of Virginia 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: _____

Title: _____ Date: _____

Mail the application and remit \$40 fee to: Fredericksburg Health Department
Attn: Environmental Health
608 Jackson Street
Fredericksburg, VA 22401

Rev 1/13

For Official Use Permit Approved date _____ EHS _____ Permit Conditions: _____

