**New establishment Permit renewal Name change Change of owner**

***Office use only:***

*Receipt # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_\_Plan Review Fee\_\_\_\_\_\_\_\_Food Permit Fee\_\_\_\_\_\_\_\_\_*

*Date: \_\_\_\_\_\_\_\_\_*

**Note: A food permit application needs to be filled out each year.**

Part I- Food Establishment Information

**Name of Food Establishment**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email for official correspondence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours of Operation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the food establishment:  Stationary  Mobile

Type of food service (Check all that apply):  Sit Down Meals  Take Out  Delivery  Catering

Number of Seats **\_\_\_\_\_\_\_\_\_\_\_**

Smoking Status:  Smoke free  Smoking in restricted areas  Smoking with no restrictions

Grease trap / interceptor:  Interior  Exterior  Other  None

Water Source:  Public  Private (well)

Sewage:  Public  Private (drainfield / modular sewage treatment plant)

Company Name: (what is on your business license)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_ Company/Owner is a/an: \_\_\_Association; \_\_\_\_Corporation; \_\_\_Individual; \_\_\_\_Partnership; \_\_\_\_Other

Part II- Ownership Information – **This will be the owner that is listed on your current business license**.

**(Please provide a copy of your current business license.)**

* Association  Corporation/LLC  Individual  Partnership  Other

Ownership Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, title, address, & phone of facility manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part III- Plan Review Information

Name, address, phone number, email address of local registered agent (permit expediter/contractor/architect, if used for initial plan review submittal): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**See back page**

Part IV- Menu Information **(Please provide a copy of your current menu)**

Does the facility? **Indicate Yes or No**

1)\_\_\_\_Prepare, offer for sale, or serve Potentially Hazardous Food (PHF)/Time/Temperature Control for Safety Food (TCS)

( Ex. meat, seafood, eggs, dairy products, cooked vegetables, prepared raw fruit, cooked rice/pasta, etc):

a) \_\_\_\_Only to order upon a consumer’s request

b) \_\_\_\_In advance quantities

c) \_\_\_\_Using time as the public health control (requires written prior approval from Health Department)

2) \_\_\_\_Prepare PHF/TCS food in advance, using a food preparation method that involves two or more steps which may include: combining PHF ingredients, cooking, cooling, reheating, hot or cold holding, freezing, or thawing

3) \_\_\_\_Prepares food, as specified under (2), for delivery to and consumption at a location off premises

4) \_\_\_\_Prepares food, as specified under (2), of this section for service to a highly susceptible population (childcare, adult care, nursing home, meals on wheels, hospital, institution)

5) \_\_\_\_Does not prepare, but offers for sale, only prepackaged food that is not potentially hazardous

6) \_\_\_\_Prepares food that is not potentially hazardous

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment & Processing Information: Cash, Credit Card (Visa or Mastercard), or Check (Payable to Prince William Health District)**

**$40.00 Food Establishment Permit Fee**

**$40.00 Food Establishment Plan Review Fee**

**Applications and Payments may be mailed to the following address or processed in-person during business hours:**

**Prince William Health District**

**8470 Kao Circle Manassas, Virginia 20110-1702**

**Phone 703-792-6310, option 1 Fax 703-257-5138**

**Hours: M-F 8:00-4:30**

**Prince William Health District**