



# Commonwealth of Virginia

## Chesapeake Health Department Environmental Health

748 North Battlefield Boulevard  
Chesapeake, VA 23320  
(757) 382-8672 Fax (757) 382-8713

Office use only  
Date received \_\_\_\_\_

Plan Review \_\_\_\_\_

Annual Permit \_\_\_\_\_

### Application for a Department of Health Permit

Hotel/Motel  Tattoo Establishment  Massage Therapy  Pool/Spa  Campground/Summer Camp

Application for a:  New establishment  Renewal  Name change  Change of owner

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

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Facility Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

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

Association, Corporation, Partnership name: \_\_\_\_\_

Names, titles & addresses of persons comprising the legal ownership (Attach list if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

#### Local registered agent (if required):

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

#### Person directly responsible for the establishment:

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

#### Immediate supervisor of person directly responsible for the establishment:

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

Fax Number: \_\_\_\_\_

**Hours of Operation:** Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

**Water Supply: (check appropriate box)**  Public- Name \_\_\_\_\_ or  Private- Type \_\_\_\_\_

**Sewage: (check appropriate box)**  Public- Name \_\_\_\_\_ or  Private- Type \_\_\_\_\_

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: \_\_\_\_\_

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

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

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

**For Official Use**

Census Tract: \_\_\_\_\_

Environmental Health Spec. \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

3/09