

VIRGINIA BEACH DEPARTMENT OF PUBLIC HEALTH
4452 CORPORATION LANE
VIRGINIA BEACH, VA 23462
(757) 518-2646

Permit : _____
Insp. Time: _____
AM/PM

NAME OF EVENT: _____
LOCATION OF EVENT: _____

EVENT OPERATES FROM: Date: _____ to Date: _____

HOURS OF OPERATION: Time: _____ to _____ Date: _____
Time: _____ to _____ Date: _____
Time: _____ to _____ Date: _____
Time: _____ to _____ Date: _____

TYPE OF OPERATION: () Tent (size) _____ X _____ () Pushcart
() Self-Contained Unit () Other _____
() Mobile Permit # _____ () Commissary _____

VENDOR NAME: _____ TRADING AS: _____

VENDOR ADDRESS: _____ PHONE: _____
City State Zip

PERSON RESPONSIBLE ONSITE AT ALL TIMES: _____

NOTE: APPLICATION MUST BE RECEIVED BY THE HEALTH DEPARTMENT AT LEAST 10 WORKING DAYS PRIOR TO THE EVENT OR APPLICATION WILL BE DENIED. REQUIRED FEES MUST BE INCLUDED AT TIME OF SUBMISSION.

THE ONLY APPROVED GROUND COVER IS FELT ROOFING PAPER – NO EXCEPTIONS – GROUND COVER MUST ENCOMPASS ENTIRE AREA OF OPERATION.

ALL POTENTIALLY HAZARDOUS FOODS WHICH ARE REQUIRED TO BE KEPT COLD (41° F OR BELOW) OR KEPT HOT (135° F OR ABOVE) MUST BE KEPT OUT OF THE TEMPERATURE DANGER ZONE AT ALL TIMES. FOOD FOUND TO BE OUTSIDE THE APPROPRIATE RANGES WILL BE RE-HEATED, DISCARDED, AND/OR DENATURED ON-SITE. BE ADVISED THAT SOME FOODS ARE NOT APPROPRIATE FOR OUT-DOOR EVENTS AND MAY BE PROHIBITED. AT LEAST ONE METAL STEM PROBE THERMOMETER (0-220°F. RANGE) MUST BE AVAILABLE AND IN USE TO MEASURE FOOD TEMPERATURES.

PRE-COOKING/PREPARING FOOD:

Note: Undeclared preparation of foods prior to event will be prohibited from service to the public.

A. Will any menu items be pre-cooked or prepared fully or partially prior to the event?

() Yes () No

If yes, list those items below and complete sections B through D. If no, go to next question.

B. What method(s) will you use to pre-cook or prepare this food (i.e., grilling, boiling, steaming, baking, stir frying, etc.) ?

C. Where will pre-cooking or preparing be done? (Home-prepared foods are not allowed). Commercial establishments must be currently permitted by the Virginia Beach Department of Public Health or the Virginia Department of Agriculture & Consumer Services.

Name of restaurant / commissary: _____

Address: _____ Phone: _____

City/County issuing permit: _____ Permit #: _____

D. Where and how will pre-cooked / prepared foods be stored prior to being transported?

TRANSPORTATION

1. List date(s) and time(s) when food will be transported to site for event.

2. How will food requiring refrigeration be kept cold (41° F or below) during transportation?

3. How will food requiring hot holding be kept hot (135° F. or above) during transportation?

E. List all foods which will be prepared on-site:

_____ : _____ : _____

_____ : _____ : _____

F. What method(s) of food preparation are involved (i.e., washing, chopping, thawing, slicing, portioning, etc.) ?

G. What method(s) of cooking will be used for each food item listed above (i.e. grilling, boiling, steaming, stir frying, etc.) ?

H. What method(s) of barricading cooking equipment (such as grills, cookers or fryers) from the public will be used (i.e., ropes, tables, etc.) ?

I. What serving utensils will be given to the customers (i.e., single service, plastic, pre-packaged tableware, etc.) ?

J. How will these utensils be dispensed to the public (by the operator, individually wrapped, etc.) ?

ENVIRONMENTAL PRECAUTIONS AND PROCEDURES:

A. What type of overhead protection will be used in your operation? Circle all that apply:

Inside trailer / Tent / Tarp / Canopy over storage / Other: _____

B. How will you separate the serving line and food preparation area from the public and from contamination? Circle all that apply:

Sneeze shield / Serving tables / Ropes / Other: _____

C. What method(s) of liquid waste disposal will be used? Circle all that Apply:

Self-contained trailer / Buckets with lids commercially provided / Other: _____

HOT WATER HANDWASHING: (Describe) _____

HOT WATER DISHWASHING: (Describe) _____

REFRIGERATION TYPE: (Describe) _____

D. DIAGRAM: ATTACH A PHOTOGRAPH OR DRAWING. PLEASE INDICATE THE PLACEMENT OF ALL EQUIPMENT AND ACCESSORIES USED IN THE OPERATION.
THIS IS MANDATORY

I have read the attached guidelines and regulations, understand them, and will comply with these requirements. I understand that failure to comply may result in a permit not being issued or a permit suspension/revocation, as per Section 12 VAC 5-421-3770/3780. I understand that failure to return this application 10 business days prior to event may result in a permit being denied. I also understand that any deviation from the information provided is not acceptable and may result in the permit not being issued or the permit being suspended/revoked.

Operator Signature: _____ Operator: _____
Please Sign Please Print

Date: _____

Revised 2/2011