Commonwealth of Virginia

Application For A Department of Health Food Establishment Permit

Application for a: ☐Permit Renewal ☐Building Plan Review ☐New Establishment

☐Name Change* ☐Change of owner

(*Former name of establishment:_____)

Account # for existing establishments: _____

- **Applications must be updated annually**
- **A complete application must be returned with payment**

Name of Establishment: _____

Establishment Physical Address/Location:_____

Establishment Telephone #: (_____)_____ Establishment Fax #: (_____)_____

Establishment Email address:_____

Establishment ***Mailing*** address:_____

Establishment ***Billing*** address:_____

Billing Phone: (____)_____ Billing Fax: (____)_____

Applicant's name:_____ Title:_____

Phone: (____)_____ Fax #: (____)_____

Cell Phone: (____)_____ E-mail address_____

Mailing address: _____

Emergency Contact (if different from applicant): _____Phone:_____

Name, title, address & telephone number of the person who is the immediate supervisor of the person directly responsible for the establishment (i.e., zone, district or regional supervisor):_____

_____

Phone: ( )_____ Fax: ( )_____ Email:_____

Names, titles & addresses of person(s) comprising the legal ownership (attach list if necessary):_____

_____

_____

Phone: ( )_____ Fax: ( )_____ Email:_____

Establishment owner is a/an: ____Association ____ Corporation ____Individual ____Partnership __Other

Name, title and address of local registered agent (if required):_____

_____

Phone: ( )_____ Fax: ( )_____ Email:_____

Name, title, address and telephone number of person directly responsible for the establishment:

_____

Phone: ( )_____ Fax: ( )_____ Email:_____

over→

Is the food establishment: ____stationary OR ____mobile

____ permanent OR ____ temporary

____ smoking section OR ____ smoke-free

If seasonal, list months open:_____

Seating Capacity _____

Does the establishment:

(1) Prepare, offer for sale, or serve potentially hazardous food:

(a) Only to order upon a consumer's request_____

(b) In advance quantities_____

(c) Using time as the public health control_____

Does the establishment:

(2) Prepare potentially hazardous food in advance using a food preparation method that involves two or more steps with may include combining potentially hazardous food ingredients, cooking, cooling, reheating, hot or cold holding, freezing, or thawing_____

(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_____

(4) Prepare food as specified under (2) of this section for service to a highly susceptible population____

(5) Offer for sale, *but does not prepare*, only prepackaged food that is not potentially hazardous_____

(6) Prepare food that is not potentially hazardous_____

(7) Cater for public events? _____ Private events? _____

Water Supply: ___ Public ___Private

Sewage: ___Public ___Private

Wastewater Grease Removal: ___ Grease trap inside ____ Grease trap outside _____ Other ____None

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: _____/_____/_____

Title:_____

FEES: Foodservice Permit: $285 Foodservice Plan Review $95

Please send completed application and the fee(s) to the appropriate Health Department:

Charles City Health Department, 7501 Adkins Road, Charles City, VA 23030 Phone: (804) 829-2490
Goochland Health Department, P.O. Box 178, Goochland, VA 23063 Phone: (804) 556-5843
Hanover Health Department, 12312 Washington Hwy., Ashland, VA 23005 Phone: (804) 365-4343
New Kent Health Department, P.O. Box 86, New Kent, VA 23124 Phone: (804) 966-9640

LIST OF ACCREDITED FOOD MANAGERS CERTIFICATION PROGRAMS

ServSafe - National Restaurant Association, Educational Foundation, www.ServSafe.com
Thompson Prometric - Certified Professional Food Manager, www.prometric.com
National Registry of Food Safety Professionals, Food Safety Manager Certification, www.nrfsp.com