

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: _____

Is the food establishment: ___stationary OR ___mobile
___ permanent OR ___ temporary
___ smoking section OR ___ smoke-free

If seasonal, list months open: _____

Days and Hours of Operations: _____

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: \$40 Foodservice Plan Review \$40

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