Commonwealth of Virginia

Application for a Department of Health Foodservice Establishment Permit

Application for a: ☐ New Establishment ☐ Renewal ☐ Name Change ☐ Change of Owner

Name of establishment: _____ **Telephone:** _____

Mailing address: _____ **Fax:** _____

_____ **Physical location:** _____

_____ _____

Email Address: _____

(Important for Product Recalls & Public Health Emergencies)

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): _____

_____

_____

Billing Address: _____

_____

_____

Local registered agent (if required):

Name_____

Title_____

Address_____

_____

Telephone_____

Person directly responsible for the establishment:

Name_____

Title_____

Address_____

_____

Telephone_____

Immediate supervisor of person directly responsible for the establishment:

Name_____ **Title**_____

Address_____ **Telephone**_____

_____

Is the food establishment: [ ] Smoke Fee [ ] Smoking Allowed in Restricted Area [ ] Smoking w/no Restrictions

Is the food establishment: (check appropriate box) [] Stationary [] Mobile

Is the food establishment: (check appropriate box) [] Permanent [] Temporary (2 wks or less)
[] Seasonal (months of operation _____)

Type: Full Service [] Fast Food [] Take-out [] Caterer [] Hospital [] School [] Concession []
Other (please explain) _____

Hours of Operation: Sun _____ Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____ Sat_____

Does the establishment: (check Yes or No)

(1) Prepare, offer for sale, or serve "*potentially hazardous food*" (food that requires temperature control for safety – meats, cheese, soups, sauces, pasta, cooked vegetables, sliced fruit, etc.): [] Yes [] No
   (a) Only to order upon a consumer's request: [] Yes [] No
   (b) In advance quantities: [] Yes [] No
   (c) Using *time* as the public health control (i.e., not temperature controlled): [] Yes [] No

(2) Prepare potentially hazardous food in advance using a food preparation method that involves two or more steps which may include combining potentially hazardous food ingredients, cooking, cooling, reheating, hot or cold holding, freezing, or thawing: [] Yes [] No

(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 (i.e., catering): [] Yes [] No
   (a) If yes, is catering: [] Full Service [] Limited

(4) Prepare food as specified under (2) of this section for service to a "*highly susceptible population*" (i.e., the elderly, children, or those with weakened immune systems): [] Yes [] No

(5) Does not prepare but offers for sale only prepackaged food that is not potentially hazardous: [] Yes [] No

(6) Prepares only food that is not potentially hazardous: [] Yes [] No

Number of seats: _____ **Number of outdoor seating:** _____

Water Supply: (check appropriate box) [] Public – Name _____ [] Private – Type _____

Sewage: (check appropriate box) [] Public – Name _____ [] Private – Type _____

*******PLEASE COMPLETE APPLICATION IN ITS ENTIRETY*******
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED
COMPLETED APPLICATION MUST ACCOMPANY PAYMENT

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: _____