



COMMONWEALTH OF VIRGINIA
 Portsmouth Health Department
 Environmental Health Services
 1701 High Street, 4th Floor
 Portsmouth, Virginia 23704
 Phone: 757-393-8585 x 8585
 Fax: 757-393-8027



ESTABLISHMENT PERMIT APPLICATION

NEW **REMODEL** **CHANGE OF OWNER** **ANNUAL RENEWAL**

Name of Establishment: _____

Type of Establishment: Restaurant Institution Daycare Eldercare Retail Market Mobile Unit
 Hotel/Motel Other _____

*Mobile Unit's Commissary Name & Address _____

Is Smoking Permitted? (Circle one) YES NO

Address (of establishment): _____ Portsmouth, VA _____

Phone (of establishment): (_____) _____ Fax: (_____) _____

Months of Operation: Year round Seasonal _____ thru _____

Days of Operation: _____ Hours of Operation: _____

Ownership Type: Individual Corporation LLC

*Name of Business Owner (As appears on business license): _____

Mailing Address (of Business Owner): _____ City: _____ State: ____ Zip: _____

Phone (of Business Owner): (_____) _____ Fax: (_____) _____

*Emergency Phone: (_____) _____ E-Mail _____

*Name of Property Owner: _____ Phone: (_____) _____

I/we attest to the accuracy of the information provided, affirm to comply with the Regulations of the Health Department and understand that after the requested Permit is issued, the Commissioner of Health or their authorized representative(s) shall have the right to enter the premises of this establishment at any reasonable time to inspect, conduct tests or collect samples as required/needed. I/we further agree to accept notices issued and served by the regulatory authority.

Please note that this office reserves the right to deny the application if not properly completed.

Signature: _____ Date: _____

Print Name: _____