

Commonwealth of Virginia



Application for a Department of Health Food Establishment Permit

Please print or type

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

Type: Full Service Fast Food Carry Out Caterer Adult Care Home Adult Day Care
 Childcare Commissary Continental Breakfast Hospital Jail Nursing home
 Seasonal Fast Food Seasonal Full Service Other: _____

Establishment Name: _____ Telephone: _____

Physical Location: _____ Fax: _____

_____ Mailing Address: _____

Email address: _____
(Important for Product Recalls and Public Health Emergencies)

Establishment owner is a/an: Association Corporation Individual Partnership Other

Association, Corporation, Partnership name: _____

Billing Address: _____ Fax: _____

Name, title, address & telephone number of persons comprising the legal ownership (Attach list if necessary):

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: _____

Fax: _____

Hours of Operation:

Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Does this facility (choose Yes or No):

- 1. Prepare, offer for sale, or serve food that requires temperature control for safety (i.e. meat, dairy, soups, sauces, pasta, cooked vegetables, sliced fruit, seafood, poultry): Yes / No
 - a. Only to order upon a customer’s request: Yes / No
 - b. In large quantities to serve later: Yes / No
 - c. Place food out at normal room temperature for a set period of time: Yes / No
- 2. Prepare foods in advance using a preparation method that involves two or more steps which may include combining food ingredients, hot or cold holding, thawing, cooking, freezing, re-heating, etc: Yes / No
- 3. Prepare food as specified under question 2 for delivery to and consumption at location off premises of the food establishment where it is prepared (catering) Yes / No
 - If yes, is catering: Full Service Limited
- 4. Prepare food only for children, the elderly, or persons with weakened immune systems: Yes / No
- 5. Prepare only food that does not require temperature control: Yes / No
- 6. Have a person in charge (PIC) that can demonstrate food safety knowledge: Yes / No

Seating Capacity: _____

Smoking Status (Circle One): Smoke free or Smoking in restricted areas

Water Supply: Public? Yes / No Private-Type (i.e. well)_____

Sewage: Public? Yes / No Private-Type_____

I/we attest to the accuracy of the information provided, affirm to comply with the Commonwealth of Virginia 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: _____ Date: _____

Mail the application and remit \$40 fee to: Fredericksburg Health Department
Attn: Environmental Health
608 Jackson Street, Suite 200
Fredericksburg, VA 22401

Rev 12/2022

For Official Use Permit Approved date _____ EHS _____ Permit Conditions: _____

