



COMMONWEALTH OF VIRGINIA  
RICHMOND CITY HEALTH DISTRICT  
400 East Cary Street, Suite 322



Richmond, VA 23219 (804) 205-3912 FAX (804) 371-2208

**“Working together for a healthier Richmond”**

APPLICATION FOR FOOD ESTABLISHMENT PERMIT **PLEASE FILL OUT APPLICATION IN ENTIRETY**

**OPERATION TYPE:**  Full Service  Fast Food  Carry-out  Caterer  Hospital  School  
 Concession  Daycare  Mobile Unit  Other (please explain) \_\_\_\_\_

**APPLICATION INFORMATION**  New Establishment  Name Change  Change of Ownership  Renewal

Establishment Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Legal owner type:**  Corporation  LLC  Association  Partnership  Individual or  Other Legal Entity:

Legal Owner Name: \_\_\_\_\_

Street Address or Post Office Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Local registered agent (required for out of State Corporations - must identify registered agent for Virginia)**

Registered Agent Name: \_\_\_\_\_

Street Address or Post Office Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Billing/Mailing Address:**

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**PERSON DIRECTLY RESPONSIBLE FOR THE ESTABLISHMENT** (ie: Manager, Executive Chef, Food Service Director, etc.)

Primary Contact Person Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address or Post Office Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**IMMEDIATE SUPERVISOR OF THE PERSON DIRECTLY RESPONSIBLE FOR THE ESTABLISHMENT**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address or Post Office Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**TURN PAGE OVER TO COMPLETE APPLICATION**

Name(s) of Certified Food Manager(s): \_\_\_\_\_ Certificate Exp. date: \_\_\_\_\_

**PLEASE ATTACH A COPY OF CERTIFICATE**

Will this be?:  Stationary Facility or  Mobile Unit? VIN# \_\_\_\_\_ ( **mobile units only**)

Seating Capacity: \_\_\_\_\_ Hours of Operation: Open \_\_\_\_\_ AM/PM Close \_\_\_\_\_ AM/PM - M T W T F Sa Su

Smoking Status:  Smoke Free  Outdoor Smoking Area  Smoking in Designated Area  Exempt

Method of solid waste disposal:  Public  Commercial Type: \_\_\_\_\_ Number of pick-ups per week: \_\_\_\_\_

**WILL THIS FACILITY? (CHOOSE YES OR NO)**

1. Prepare, offer for sale or serve food products that require time/temperature control? (i.e.: meat, dairy, seafood, poultry, cooked vegetables)
  - a. Only when the customer orders the food?  Yes  No
  - b. In large quantities to serve at a later time?  Yes  No
  - c. Use time as a public health control: (place food out at room temperature for a period of time)  Yes  No
2. Offer food on the menu that requires two or more steps which could include cooking, cooling, reheating, freezing, thawing, hot or cold holding?  Yes  No
3. Prepare food as identified in #2 that would be transported to another location? (catering)  Yes  No
4. Prepare food for a highly susceptible population? ( i.e.: preschool aged children, older adults, persons who are immunocompromised and where custodial care is provided)  Yes  No
5. Prepare only food that is not a time/temperature control of safety food?  Yes  No
6. Offer for sale only prepackaged food that is not time/temperature control for safety food?  Yes  No

**\*\*PLEASE ATTACH MENU\*\***

**By signing this statement you attest to the accuracy of the information provided in the application, agree that you will comply with Section 12 VAC 5-421-3750, (12 VAC 5-421 Commonwealth of Virginia Board of Health Food Regulations) and allow the regulatory authority access to the establishment as specified under 12 VAC 5-421-3820 and to the records specified under 12 VAC 5-421-440 and 12 VAC 5-421-2330 and subdivision 4 of 12 VAC 5-421-3630**

**SIGNATURE REQUIRED**

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Applicant Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Tax Map#:		GPIN:	Census Tract:		
Processing Fee:	Date:	Receipt#:			
Plan Review Fee:	Date:	Receipt#:			
<input type="checkbox"/> Check	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card:	Received by:		
Permit Issued Date:	Issued by:	Expiration Date Updated by:			
Approved for Permit (Y or N):	Sign by:	Date:			
Risk Categorization Entered in EHD? <input type="checkbox"/> Yes <input type="checkbox"/> No	Category #	1	2	3	4
Date Reviewed:	Supervisor/Manager Signature				