



Danville City - Pittsylvania  
Halifax - Mecklenburg - Brunswick

# PITTSYLVANIA-DANVILLE HEALTH DISTRICT

## APPLICATION FOR A FOOD ESTABLISHMENT PERMIT

Type of Application  New\*,  Renewal,  Change of Ownership\*

**\*New and Change of Ownership may require a plan review fee and plan review packet completion (PLEASE COMPLETE ALL PARTS OF THE APPLICATION, IT IS NECESSARY TO PROCESS YOUR APPLICATION AND PAYMENT CORRECTLY AND TIMELY)**

Applicant's/Legal owner name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Mailing  
address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of establishment: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Establishment mailing address/location: \_\_\_\_\_

\_\_\_\_\_

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

Names/titles/addresses of persons comprising the legal ownership. (Attach list if necessary.)

\_\_\_\_\_

Name/title/address/telephone number of person who is the immediate supervisor of the person directly responsible for the establishment (i.e., zone, district or regional supervisor): \_\_\_\_\_

\_\_\_\_\_

Is the establishment:  stationary/ permanent,  mobile or push cart;  B & B food service  
 summer camp/ campground food service  catering only  hotel breakfast area

Days of operations (Circle all) S M T W T F S Hours of operation \_\_\_\_\_

\_\_\_\_\_

Seasonal or annual operation: If seasonal which months does it operate: (circle all that apply)  
**Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec**

Seating capacity: \_\_\_\_\_ inside seating or \_\_\_\_\_ outside seating

Is the food establishment:  smoking or  non-smoking  Outside smoking Area

Certified food manger on staff  YES  NO (REQUIRED AS OF JULY 1, 2018)

If Yes, Name of certified manager \_\_\_\_\_

Date of certification expiration: \_\_\_\_\_

Certificate number: \_\_\_\_\_ Copy of certificate provided  Yes  No

IF No, Date planned to obtain the required certification: \_\_\_\_\_

**Please answer the following questions regarding the type of food service you provide at your food facility.**

Does the establishment: (Please choose the correct responses below to each questions)

- (1) Prepare, offer for sale, or serve TCS (time/temperature control for safety) food (**this does not mean you make bad food, it means if you prepare or serve foods that could be hazardous if not handled correctly**): Example raw ground beef to make hamburgers, vegetables cooked and cooled to reheat for next day service  
Only to order upon a consumer’s request (**prepared only when it is ordered**).  
In advance quantities (**prepared ahead and hot held or cold held**).  
Using time as the public health control.
- (2) Prepare TCS (time/ temperature control for safety) food in advance using a food preparation method that involves two or more steps which may include combining TCS food ingredients, cooking, cooling, reheating, hot or cold holding, freezing, or thawing (**Does the facility use any of the method listed when preparing foods**).
- (3) Prepares food as specified under (2) for delivery to and consumption of at a location off premises of the food establishment where it is prepared.
- (4) Prepares food as specified under (2) of this section for service to a highly susceptible population.
- (5) Does not prepare, but offers for sale only prepackaged food that is not TCS.
- (6) Prepares food that is not a TCS food.

Water Supply: \_\_\_\_\_ Public \_\_\_\_\_ Private  
Sewage: \_\_\_\_\_ Public \_\_\_\_\_ Private – Type \_\_\_\_\_

New\*\* Original Well and Septic permit Owner’s Name \_\_\_\_\_

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 test, or collect samples as required.

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**TITLE:** \_\_\_\_\_

**MAKE CHECKS PAYABLE TO:** The local health department listed below or a credit card payments are accepted by telephone at the numbers listed below

**Food service Permit Fee \$40.00** (Restaurants, mobile units, summer camp food service, hotel breakfast area, campground food service, and school food service

Danville City Health Department  
326 Taylor Drive  
Danville Virginia 24541  
Phone: 434-766-9828  
Fax: 434-766-9805

Pittsylvania County Health Department  
P.O. Drawer 369  
Chatham, VA 24531  
Phone: (434) 433-3544  
Fax: 434-432-7764

**LIST OF ACCREDITED FOOD MANAGERS CERTIFICATION PROGRAMS:**

- 1. ServSafe – National Restaurant Association, Educational Foundation
- 2. Experior – Certified Professional Food Manager, Experior Assessments, LLC
- 3. NRFSP – Food Safety Manager Certification, National Registry of Food Safe Professionals
- 4. National Restaurant Association in Chicago ([www.nraef.org](http://www.nraef.org)) (800)765-2122
- 5. National Restaurant Association in Washington, DC ([www.ramw.org](http://www.ramw.org)) (202) 973-5365
- 6. Jeff Salisbury (703) 626-9537

**Revised 07/28/2020**