

Suffolk Health Dept.
135 Hall Ave. Suite A
P.O. Box 1587
Suffolk, VA 23434
Phone: (757) 514-4751
Fax: (757) 514-4865

Isle of Wight Health Dept.
919 S. Church St.
P.O. Box 309
Smithfield, VA 23430
Phone: (757) 279-3078
Fax: (757) 357-0245

Southampton and Franklin Health Dept.
26022 Administration Center Dr.
P.O. Box 9
Courtland, VA 23837
Phone: (757) 653-3036
Fax: (757) 653-2966

Food Establishment Permit Application

Instructions

Application: Submit to Environmental Health Program via email, mail, fax, or in-person. We are unable to process incomplete applications.

\$40 Payment: Submit check to Environmental Health Program by mail or in-person. Make payable to Western Tidewater Health District and include establishment name in the "for/memo" section. You may pay by credit card over the phone.

****Please attach a current Menu and Certified Food Protection Manager Certificate. ****

Application Type

- ☐ New Establishment ☐ Ownership Change – Former Owner: _____
- ☐ Permit Renewal ☐ Remodel ☐ Name Change – Formerly Trading As: _____

☐ Bill to:

Facility Information

Establishment Name (to be shown on permit): _____

Street Address: _____ Suite: _____ City: _____ State: VA Zip: _____

Phone: (_____) _____ Email: _____ Website: _____

☐ Bill to:

Owner Information

Legal Business Name (to be shown on permit): _____

Owners Name: _____

Street Address: _____ Suite: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Billing Information (If different from above)

Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Certified Food Manager

Certified Food Manager: _____ Certification #: _____

Licensing Authority: _____ Expiration: _____

Other Information

☐ Full Service ☐ Fast Food ☐ Carry Out ☐ Catering ☐ Mobile ☐ School/Childcare ☐ Health Care ☐ Other _____

VIN # (Mobile Establishments Only) _____

☐ Yearly ☐ Seasonal (Circle Months of Operation): Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Hours of Operation: _____ Mon Tue Wed Thu Fri Sat Sun

Seating Capacity: _____

Will the establishment offer catering? (preparing food at a location different from the permitted food establishment)

☐ Yes ☐ No

Will the establishment serve as a commissary kitchen? ☐ Yes ☐ No

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

Wastewater Grease Removal: ☐ Grease Trap, Interior ☐ Grease Trap, Exterior ☐ Other: _____ ☐ None

Type of Water Supply: ☐ Well Water* ☐ City Water Type of Sewage Disposal: ☐ Septic System** ☐ City Sewage

If establishment is on Private Well, please attach water test results

**** If establishment is on Private Septic System, additional information may be requested****

Certification

By signing below, you affirm the accuracy of the information provided in this application and agree to comply with [12VAC5-421-3750](#) (Responsibility of the permit holder) and [12VAC5-421-3910](#) (Imminent health hazards). Additionally, you authorize access to the establishment as specified under [12VAC5-421-3820](#). Please note that this application does not determine whether the proposed establishment will meet all operational requirements outlined in [12VAC5-421](#). Information provided in this application may be subject to disclosure under the Freedom of Information Act (FOIA), [§2.2-3700](#) of the Code of Virginia.

Printed Name: _____ Title: _____ Phone: (_____) _____

Signature: _____ Date: _____

HD Use Only

☐ Credit Card: Type _____ Appr Code: _____ ☐ Cash ☐ Check #: _____

Receipt: _____ Amount: \$ _____ Date Paid: _____