*Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_*

###### COMMONWEALTH OF VIRGINIA

# **Application for A Department of Health Establishment Permit**

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

Establishment type: Restaurant Camp Kitchen Summer Camp Catering Mobile Other

Name of Establishment:

Applicants Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Web site:

EMAIL::\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Important for Product Recalls & Public Health Emergencies)***

Facility physical location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility mailing address:

Establishment Owner is a/an: Association, Corporation, Individual, Partnership, Other

 *(\* Attach list of names, titles, and addresses of persons comprising the legal ownership if other than individual.\*)*

Association, Corporation, Partnership name:

***\*\*NOTICE: IF YOU ARE APPLYING FOR AN ABC LICENSE THIS NAME MUST MATCH THE NAME ON YOUR ABC APPLICATION.***

Mailing address:

Onsite Person in Charge of Facility: Immediate Supervisor of Person in Charge:

Name: Name:

Title: Title:

Address: Address:

Telephone: Telephone:

Water supply: (check appropriate box) Public – name or Private – type

Sewage: (check appropriate box) Public – name or Private – type

Number of: seats Number of outdoor seating:

Hours of Operation: Sun\_\_\_\_\_ Mon\_\_\_\_\_ Tues\_\_\_\_ Wed\_\_\_\_ Thurs\_\_\_\_ Fri\_\_\_\_ Sat\_\_\_\_

|  |
| --- |
| **Camp/Summer Camp Only**: # of Campsites\_\_\_\_\_ # of restroom facilities\_\_\_\_\_\_ Bathing Facilities : YES #\_\_\_\_ or NO Water and Sewer hookups: : YES #\_\_\_\_ or NO*For Temporary Operations – Provide a site drawing indicating the location of all campsites, water supply connections, sewage disposal, trash containers, and restroom/bathing facilities.* |

***FOR FOOD FACILITIES ONLY:***

Is the Onsite Person In Charge a Certified Food Manager? YES NO

**Is the food establishment: (check appropriate box)** Stationary Mobile

**Is the food establishment: (check appropriate box)**  seasonal (months of operation\_\_\_\_\_\_\_\_)

 open year round

**Is the food establishment: (check appropriate box)**  smoking non-smoking

**Food Type: Full Service** **Fast Food** **Take-Out**  **Caterer**  **Hospital**  **School**

 **Concession**  **Other (explain):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does the food establishment: (Check Yes or No)**

 1. Prepare, offer for sale, or serve time and temperature control for safety (TCS) foods: YES or NO

 (a) Only to order upon a consumer’s request: YES or NO

 (b) In advance quantities: YES or NO

(c) Using time as the public health control (i.e., not temperature controlled): YES or NO

1. Prepare TCS food in advance using a food preparation method that involves two or more steps which may include combining TCS food ingredients, cooking, cooling, re-heating, hot or cold holding, freezing, or thawing YES or NO

3. Prepare food as specified under (2.) for delivery to and consumption at a location off premises

 of the food establishment where it is prepared (catering) YES or NO

 If Yes, is catering: Full Service Limited

4. Prepare food as specified under (2) of this section for service to a “highly susceptible population”,

 (i.e. the elderly, pre-school aged children or those with weakened immune system): YES or NO

 5. Does not prepare but offers for sale only prepackaged food that is not potentially hazardous:

 YES or NO

 6. Prepares only food that is not potentially hazardous: YES or NO

ALL APPLICANTS MUST INCLUDE THE FOLLOWING:

1. COPY OF CURRENT MENU (ONLY if application is for a food facility)
2. COMPLETE SET OF PLANS (for new facility or remodeling of an existing facility)

 PLANS NOT REQUIRED FOR PERMIT RENEWALS.

I/We attest to the accuracy of the information provided, affirm to comply with the 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:**

**Print Name:**  **Date:**

### FOR OFFICIAL USE

Date Received: Receipt #: Paid$\_\_\_\_\_\_\_ □Cash □CC Ver #:\_\_\_\_\_\_\_\_\_\_ □Check #:\_\_\_\_\_\_\_

For: □Plan Review Fee □Renewal □Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved for Permit: □Yes □No Environmental Health Spec.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form contains personal information subject to disclosure under the Freedom of Information Act. REVISED 3/21 v.2**