



Instructions for submitting food facility permit applications online through the Virginia Department of Health (VDH) My Health Department portal (MyHD)

October 2026

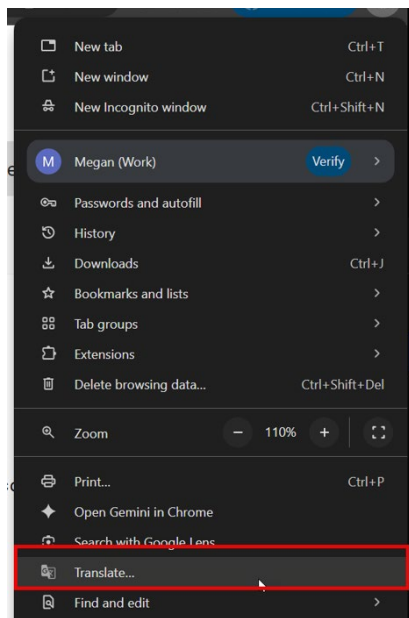
Version 1.0

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General Guidance and Tips

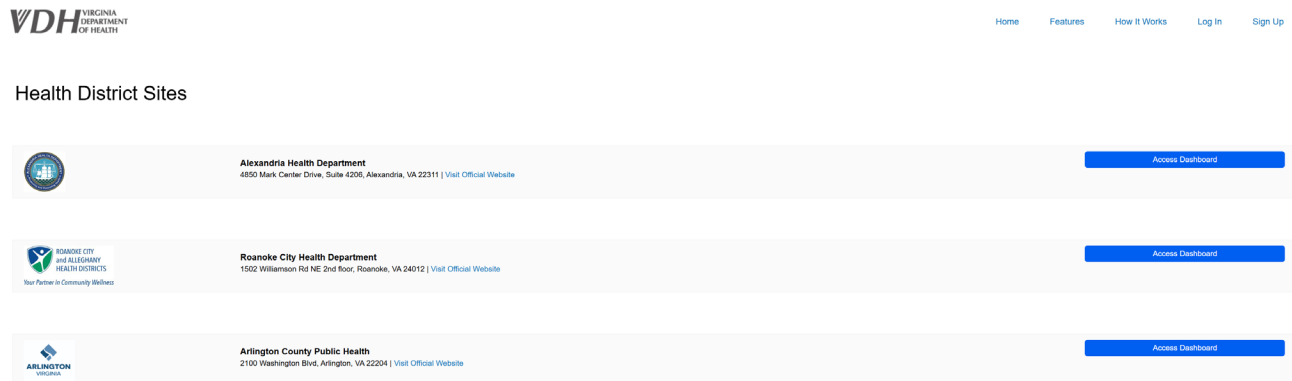
- Online applications are currently only available for **non-temporary food establishments only**. Other environmental health programs will be added soon.
- Please see our [guide](#) on the steps required for completing a food permit.
- You should already have submitted a plan review to your local health department that has been approved before completing an online application.
- Applications should be submitted 30 days prior to opening.
- [Arlington](#), [Fairfax](#), and [Loudoun](#) are all independently administered health districts. You will not be able to submit applications or payments to these districts with this portal. Please see their websites for more information about how to submit an application or payment.
- Please reach out to your local health department or refer to their website with any questions or issues, especially about what documentation you may need to complete the application.
- Please review your application carefully, as you are not able to edit an application once you hit submit.
- Make sure that you pay the \$40 food permit fee and any other applicable local fees when submitting your application. Your application is not complete without this payment.
- Please allow 2-3 weeks for your local health department to process your application. Processing time begins when a complete application has been received, including all relevant documents and payments.
- It is recommended to use a desktop browser on a computer or laptop. MyHD is not optimized to be used on a phone.
- You can use translation tools or extensions to translate the text to other languages. If using the Google Chrome browser, you can use the translate button by clicking three dots in the top right corner, then selecting translate from the dropdown.



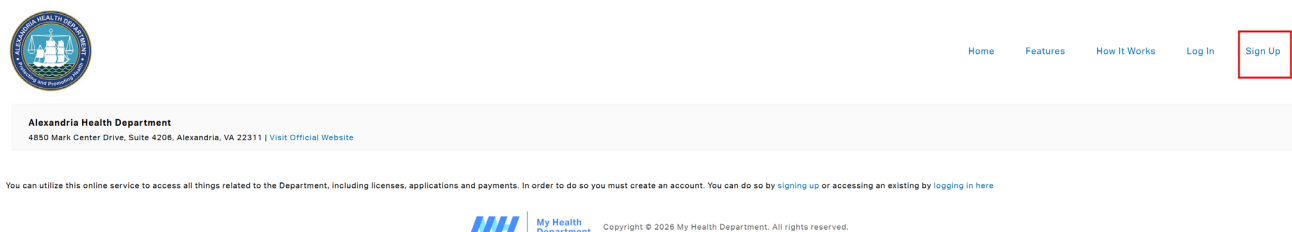
Creating a New VDH My Health Department (MyHD) Account

Navigate to the MyHD landing page using the following URL:

<https://myhealthdepartment.com/virginia/districts>



Click on the district where you will be submitting your application. This is the district for the location of your food establishment. Visit [this page](#) to determine your health district based on the county/locality of your food establishment.



To register a new account, click on the “Sign up” hyperlink in the top right of the page (for returning users, see instruction provided below under the section “Logging into an existing VDH MyHD Account”).

Register

Use the form below to create an account with My Health Department. Companies will need to set up individual accounts for each onsite sewage system operator license holder, as this information will be tied to the expiration date of the license.

1 If you already have an account you can [login here](#).

Company Name
Enter a value for Company Name

First Name
Enter a value for First Name

Last Name
Enter a value for Last Name

Email Address
Enter a value for Email Address

Cell Number
Enter a value for Cell Number

License/Permit Number
Enter a value for License/Permit Number

Password
Enter a value for Password

Confirm You're a Real Person

2 ☐ I'm not a robot

3

[1] Enter your information in the appropriate fields.

[2] “Confirm You’re a Real Person” by selecting the box next to “I’m not a robot” and completing the required tasks.

[3] Hit the submit button.

After that, you will be redirected to login using your email and password.

Login

Use the form below to login to your MyHD account.
Need an account? [Register here](#) | Forgot your password? [Reset here](#)

Required fields are marked with an asterisk *

* Email Address

* Password

Once you log in, you will be redirected to your dashboard. Click the button for the application you want to submit. Example: to submit a new food facility permit application, click Food Facility Permit Application.

Welcome Megan!

Last logged in

Food Facility Permit Application

Renewal Permit Application

If you need to submit applications to more than one district, you will only need to create one account. You can navigate back to the district page and click on the other district's site after logging in to your account to submit additional applications. You can then use the "Switch Agency" button to switch between district sites you have already visited.

[Dashboard](#)

[Account](#)

[Logout](#)

[Switch Agency ▼](#)

Alexandria Health Department

Virginia Dept. of Health

Logging into an existing VDH MyHD Account

Navigate to the MyHD landing page using the following URL:

<https://myhealthdepartment.com/virginia/districts>



[Home](#) [Features](#) [How It Works](#) [Log In](#) [Sign Up](#)

Health District Sites



Alexandria Health Department
4850 Mark Center Drive, Suite 4206, Alexandria, VA 22311 | [Visit Official Website](#)

[Access Dashboard](#)



Roanoke City Health Department
1502 Williamson Rd NE 2nd floor, Roanoke, VA 24012 | [Visit Official Website](#)

[Access Dashboard](#)



Arlington County Public Health
2100 Washington Blvd, Arlington, VA 22204 | [Visit Official Website](#)

[Access Dashboard](#)

Click on the district where you will be submitting your application. This is the district for the location of your food establishment. Visit [this page](#) to determine your health district based on the county/locality of your food establishment. Click on the “Login” button in the top right to login to the account you previously made.



[Home](#) [Features](#) [How It Works](#) [Log In](#) [Sign Up](#)

Alexandria Health Department
4850 Mark Center Drive, Suite 4206, Alexandria, VA 22311 | [Visit Official Website](#)

You can utilize this online service to access all things related to the Department, including licenses, applications and payments. In order to do so you must create an account. You can do so by [signing up](#) or accessing an existing by [logging in here](#)

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[Home](#) [Features](#) [How It Works](#)

Enter the email address [1]
and password [2]
previously created for the
account, and click
“Submit” [3].

If you **forget your password**, select the
“Reset here” link, and
follow the instructions to
reset your password.



Virginia Department of Health
109 Governor Street Richmond, Virginia 23219 | [Visit Official Website](#)

Login

Use the form below to login to your MyHD account.
Need an account? [Register here](#) | Forgot your password? [Reset here](#)

Email Address

 1

Password

 2

3

Once you log in, you will be redirected to your dashboard.

Welcome Megan!

Last logged in

Food Facility Permit Application

Renewal Permit Application

If you need to submit applications to more than one district, you will only need to create one account. You can navigate back to the district page and click on the other district's site after logging in to your account to submit additional applications. You can then use the "Switch Agency" button to switch between district sites you have already visited.

[Dashboard](#)

[Account](#)

[Logout](#)

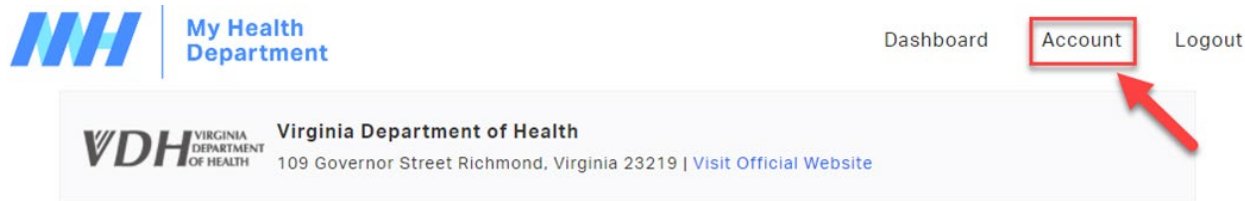
Switch Agency ▼

Alexandria Health Department

Virginia Dept. of Health

Updating Account Information

If you need to update any of the information associated with your myHD portal account, click the “Account” link in the top right corner of the page.



Enter any updated information into the appropriate fields, then click Submit.

Account Management

Update your account settings below

Company Name
CompanyName
First Name
MyHD
Last Name
Example
Email Address
ehdministrators@vdh.virginia.gov
Cell Number
555-555-5555
License/Permit Number
123456789
Password
Enter a value for Password

Submit

Facility Permit Applications

Submitting a Facility Permit Application

Important:

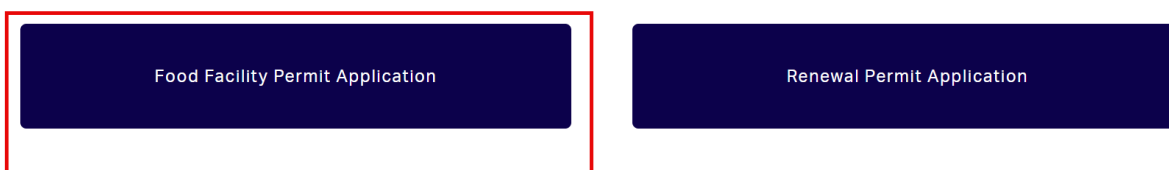
If you are submitting the following:

- New establishment (no existing permit)
- Change of Owner
- Change of Name

Then click on “Food Facility Permit Application” on the home page and follow the steps below to submit your new permit application.

Welcome Megan!

Last logged in



If you are submitting a renewal application for an existing application, then navigate to the [Renewal Permit Applications](#) section of these instructions.

After clicking the “Food Facility Permit Application” button, you will be directed to the prior submission page. Here you can see information about applications that you have previously submitted in the green box, such as their current status, reason for status change (for denials or other messaging from the Local Health Department), and invoice balance for your permit fee. You can use the print button in the red box to print a previous application or click on the button “Submit a New Food Facility Permit Application” in the blue box to submit a new application.

Food Facility Permit Application

Your prior submissions

[Submit a New Food Facility Permit Application](#)

	Application Date	Application Status	Establishment Name	Address	Program	Permit Type	Payment Status	Status Change Reason	Invoice Balance	Submitted On
	09/22/2026	Accepted	Chipotle	200 Chipotle Lane Unit 2 Richmond, VA 23131	Food Establishment	Fast Food	Unpaid		40	09/22/2026 09:12 AM
	09/21/2026	Accepted	FIPS Test	4 Test Lane 234556 City, VA 33333	Food Establishment	Mobile Food Unit	Paid	Accepted	40	09/21/2026 01:10 PM
	09/21/2026	Accepted	Wendy's	404 Error Road Unit 5 Richmond, VA 23219	Food Establishment	Full Service Restaurant	Unpaid		40	09/21/2026 11:14 AM

Fill out the application as completely as possible. There are different types of fields, some have dropdown options, some have calendars for dates, or some will need to be in the correct format (email and phone numbers). For a complete guide to all of the fields, see our [data entry field table section](#). Fields with a red asterisk are required. Info boxes with additional instructions appear in a blue box.

Important: The MyHD website has a timeout feature that will log you out if you are inactive for 30 minutes. If you start an application and walk away from the computer for more than 30 minutes without submitting the application, your work will be lost.

In Section 1, you will fill out information related to your establishment in general, including address and name.

Section 1: Establishment Information

This form is for new applications ONLY. Please use the renewal form for any permit renewals.

* Type of Application

Select an Option

Please select an item in the list.

* Establishment Name

* Program

In Section 2, you will fill out information related to the owner and billing contacts for your establishment.

Section 2: Owner/Business Contact Information

A. Ownership/Business Information

Establishment Owner is a/an

Select an Option

* Registered Business name(s)

(i.e. 1234-233-23456)

At the end of the owner contact information, there is a field “Is the billing contact the same as the owner contact?” which, if yes is selected, will copy over the data entered in the owner contact fields to the billing contact fields. If no is selected, then the billing fields will remain blank for data entry.

Is the billing contact the same as the owner contact?

Select an Option

In section 3, you will fill out some establishment and operation information. Some of these fields will show or hide depending on what is selected for other fields, such as public water name and ID when water supply is public.

Section 3: Establishment & Operation Details

Water Supply

Select an Option

Sewage Disposal

Select an Option

Hours of Operation Details

* Facility Open Year Round

In section 4, you will fill out some fields specific to the food program. Additional information is provided in the info boxes.

Section 4: Food Applications

A. Certified Food Protection Manager (CFPM) Information (if applicable)

See [our website](#) for more information on Certified Food Protection Managers.

* Does the establishment have a Certified Food Protection Manager (CFPM)?

Select an Option

In section 5, you will sign and verify your application. The signature box can be cleared if necessary to start over.

Section 5: Applicant Certification

I/we am/are the owner or an authorized representative of the owner, and attest to the accuracy of the information provided, affirm to comply with the 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.

* Print First Name

* Print Last Name

* Signature

In the final portion, you will upload any necessary attachments. These attachments will depend on what your local health department requires, and what answers were given in the application. For example, your local health department may require a business license be included, or if your water supply is a private well, you are required to attach water sample results. **Refer to the example list of attachments and ensure you have all of the required items included, or your application will not be considered complete.**

Example attachments include:

- Current Menu
- Certified Food Protection Manager Certificate (CFPM)
- Commissary Agreement
- Written Employee Health Policy
- Private Sewage Disposal System Operation Permit
- Private Well Water sample results (Nitrate and total coliform)
- Business License
- Certificate of Occupancy
- Certificate of Zoning
- Other

To attach files, first click “choose file” to open up a window and navigate your computer files to find the necessary attachments. Then give the attachment a name/description, and then click “Upload” to upload the file. Repeat these steps until all attachments are uploaded.

File Uploads

File

1 Choose File Well Details.pdf

2 Well Sample Results

3 Upload File

Upload one or more files above

When you have finished your application, review everything submitted. Make sure you have filled out all of the fields, ensure the information is accurate, and all required attachments are uploaded. Applications cannot be edited once they are submitted. Then you can hit the submit button, and hit ok to submit your application.

Submit

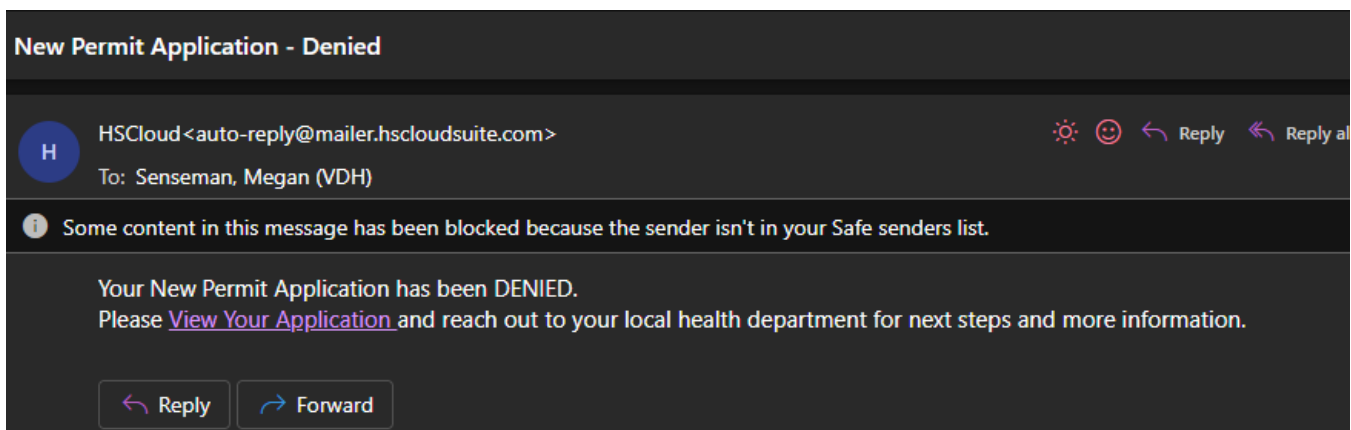
uat.myhealthdepartment.com says

Are you sure you want to submit this entry? Please review carefully.

OK Cancel

Repeat the steps above if you have additional applications to submit.

Please allow 2-3 weeks for your local health department to process your application. You will receive an email similar to below when your application is accepted or denied. You can also check the previous submissions page to see the full status of your applications including any comments if your application was denied.



Reach out to your local health department for next steps regarding your permit.

Paying a Facility Permit Application

After you have submitted your new facility permit application, you will be redirected to the “make Payment” page. If you are not redirected, you can click on the link at the top of the page.

Dashboard

Account

Make Payment

Logout

Switch Agency ▼

An invoice will automatically be generated for you for the \$40 food facility permit fee upon submission of your new facility permit application.

Search for your Invoice

Enter an Invoice Number below

Search

My Cart

Amount Due: \$40.00

Invoice #: INV-ES-027-2355
 Invoice Date: 08/31/2026
 Due Date: 09/30/2026

Line Items:

QTY	Description	Unit Price	Amount	Status
1	Food Establishment Permit	\$40.00	\$40.00	Unpaid

Remove

Please contact your local health department if you do not already have an invoice in your cart or if you accidentally remove the invoice without first getting the invoice number. If you have the invoice number, you can search for the invoice in the search bar to add it back to your cart. You need a complete invoice number to be able to search for it. You can also search for and pay for any additional invoices you may have this way, such as for renewal invoices.

Enter an Invoice Number below

INV-ES-027-2355

Search

Search results for "INV-ES-027-2355" Back to Search

Amount Due: \$40.00
Financial Account #: 4053
Invoice #: INV-ES-027-2355
Account #: 4053
Invoice Date: 08/31/2026
Due Date: 09/30/2026

Add to Cart

Line Items:

QTY	Description	Unit Price	Amount	Status
1	Food Establishment Permit	\$40.00	\$40.00	Unpaid

If you need to submit multiple applications, please navigate back to the submission page to do so. You can then pay for all of the invoices in one payment. **Note:** If you have renewal permits to pay for in addition to new applications, you may see the following error message when trying to add the renewal invoices to your cart. If you encounter this, you will just need to make separate payments for the invoices.

Cannot add Invoice to cart! This invoice belongs to a separate Account and must be paid separately

Search results for "INV-ES-027-2355" Back to Search

Important: If you have permits across multiple districts, you will need to pay the fees separately in order to ensure payment goes to the right place. We are working with our vendor to find an alternative solution for this.

Once you have the invoices in your cart and are ready to submit payment, click “Pay Cart”. You will then be transferred to our online payment processor, Elavon (ConvergePay), to complete payment.

Pay Cart

In Elavon, you will enter your payment information, including your credit card and billing address. Unfortunately we cannot have the billing information carry over from your application at this time because the payment is completed by a separate vendor. You can click “same as billing” under shipping address, as there is nothing to be shipped.

The screenshot displays a payment form with four main sections:

- Order Section:** Includes a field for 'Amount' set to '\$0.00 USD'.
- Payment:** Features a 'PAYMENT CARD' header, a row of credit card logos (VISA, MasterCard, American Express, Discover, JCB), a 'Card Number' field with a 'Change Card' link, and fields for 'Expiration Date(MM/YY)' and 'CVV2'.
- Billing Address:** Contains fields for 'Company', 'First Name', 'Last name', 'Address1', 'Address2', 'City', 'State/Province', 'Postal Code', 'Country' (a dropdown menu), 'Email Address', and 'Phone'.
- Shipping Address:** Includes a checkbox labeled 'Same as billing'. Below it are fields for 'Ship to Company', 'Ship to First Name', 'Ship to Last name', 'Ship to Address1', 'Ship to Address2', 'Ship to City', 'Ship to State/Province', 'Ship to Postal Code', and 'Ship to Country' (a dropdown menu).

Submit the payment, and if your payment was successful, you will be redirected back to the myHD portal and see a successful payment page. You will receive a receipt from Elavon to the email you entered on the Elavon billing page.

\$80.00 USD

08/24/2026 01:25:40 PM

DEMO

Your payment has been approved

Transaction Type	SALE
Payment	VISA 40*****0002
Transaction ID	240826C75-010DA361-1CB3-49D5-9281-F5C61A5A20C2
Approval Code	088448
Approval Message	APPROVAL
ECI	
Invoice Number	INV-ES-027-2347

Total	\$80.00 USD
-------	--------------------

DEMO

The information contained in this e-mail and in any attachments is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. This message has been scanned for known computer viruses.

Renewal Permit Applications

Submitting a Renewal Permit Application

Important:

If you are submitting a renewal application for an existing application, then click on “Renewal Permit Application” on the home page and follow the steps below to submit your new permit application.

Welcome Megan!

Last logged in

Food Facility Permit Application

Renewal Permit Application

If you are submitting the following:

- New establishment (no existing permit)
- Change of Owner
- Change of Name

Then navigate to the [Facility Permit Applications](#) section of these instructions.

After clicking the “Renewal Permit Application” button, you will be directed to the prior submission page. Here you can see information about applications that you have previously submitted in the green box, such as their current status, reason for status change (for denials or other messaging from the Local Health Department), and invoice balance for your permit fee. You can use the print button in the red box to print a previous application or click on the button “Submit a New Renewal Permit Application” in the blue box to submit a new renewal application.

Renewal Permit Application

Your prior submissions

[Submit a New Renewal Permit Application](#)

	Application Date	Application Status	Permit Name	Permit Number	Address	Program	Permit Type	Invoice Balance	Status Change Reason	Submitted On
Print	09/22/2026	Accepted	Chipotle	760-FD-3394	Richmond VA 23131	Food Establishment	Fast Food			09/22/2026 09:29 AM
Print	09/21/2026	Accepted	FIPS Test	139-FD-3392	BSA1 - Panama City Beach FL 32413	Food Establishment	Full Service Restaurant			09/21/2026 02:48 PM
Print	09/21/2026	Accepted	Wendy's	760-FD-3391	404 Error Road Unit 5 Richmond VA 23219	Food Establishment	Full Service Restaurant			09/21/2026 11:27 AM
Print	09/18/2026	Accepted	Dairy Queen	760-FD-3390	555 East 1st Street Unit 2	Food	Fast Food			09/18/2026

To assist with data entry, we have provided a “Search your Permit” field, which will allow you to search for and find your existing permit record and copy over the existing information into the renewal application. You can search by your permit number, address, or permit name. When you find your permit, click “Select”. If you click on the wrong permit, you can click “remove” and search again. **Please reach out to your local health department for assistance if you cannot find your permit in the search.**

* Search your Permit

Search Results

Permit Number: 760-FD-3394
Permit Name: Chipotle
Address: 200 Chipotle Lane Unit 2 Richmond, VA 23131
Program: Food Establishment
Permit Type: Fast Food

[Select](#)

With your permit selected, many of the fields on the application will populate with the information that we already have in our database. Some fields you will still need to fill out yourself however.

Fill out the application as completely as possible and make edits to any of the information that populated from the existing permit that may require changing. There are different types of fields, some have dropdown options, some have calendars for dates, or some will need to be in the correct format (email and phone numbers). For a complete guide to all of the fields, see our [data entry field table section](#). Fields with a red asterisk are required. Info boxes with additional instructions appear in a blue box.

Important: The MyHD website has a timeout feature that will log you out if you are inactive for 30 minutes. If you start an application and walk away from the computer for more than 30 minutes without submitting the application, your work will be lost.

In Section 1, you will fill out information related to your establishment in general, including address and name.

Section 1: Establishment Information

This form is for new applications ONLY. Please use the renewal form for any permit renewals.

* Type of Application

Select an Option

Please select an item in the list.

* Establishment Name

* Program

Important: The establishment name and address fields are read-only, because any changes to these fields would mean a new application and not a renewal application. If you have a change of name or location for your permit, please submit a new application following the instructions in the [Facility Permit Application](#) section.

In Section 2, you will fill out information related to the owner and billing contacts for your establishment.

Section 2: Owner/Business Contact Information

A. Ownership/Business Information

Establishment Owner is a/an

Select an Option

* Registered Business name(s)

(i.e. 1234-233-23456)

Registered Business ID Number

Important: The owner name and registered business names fields are read-only, because any changes to these fields would mean a new application and not a renewal application. If you have a change of owner for your permit, please submit a new application following the instructions in the [Facility Permit Application](#) section.

In section 3, you will fill out some establishment and operation information. Some of these fields will show or hide depending on what is selected for other fields, such as public water name and ID when water supply is public.

Section 3: Establishment & Operation Details

Water Supply

Select an Option

Sewage Disposal

Select an Option

Hours of Operation Details

* Facility Open Year Round

Select an Option

* Days and Hours Information

In section 4, you will fill out some fields specific to the food program. Additional information is provided in the info boxes.

Section 4: Food Applications

A. Certified Food Protection Manager (CFPM) Information (if applicable)

See [our website](#) for more information on Certified Food Protection Managers.

* Does the establishment have a Certified Food Protection Manager (CFPM)?

Select an Option

In section 5, you will sign and verify your application. The signature box can be cleared if necessary to start over.

Section 5: Applicant Certification

I/we am/are the owner or an authorized representative of the owner, and attest to the accuracy of the information provided, affirm to comply with the 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.

* Print First Name

* Print Last Name

* Signature

In the final portion, you will upload any necessary attachments. These attachments will depend on what your local health department requires, and what answers were given in the application. For example, your local health department may require a business license be included, or if your water supply is a private well, you are required to attach water sample results. **Refer to the example list of attachments and ensure you have all of the required items included, or your application will not be considered complete.**

Example attachments include:

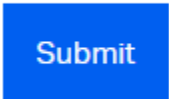
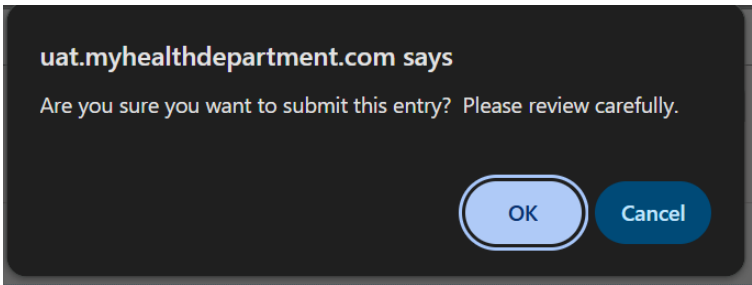
- Current Menu
- Certified Food Protection Manager Certificate (CFPM)
- Commissary Agreement
- Written Employee Health Policy
- Private Sewage Disposal System Operation Permit
- Private Well Water sample results (Nitrate and total coliform)
- Business License
- Certificate of Occupancy
- Certificate of Zoning
- Other

To attach files, first click “choose file” to open up a window and navigate your computer files to find the necessary attachments. Then give the attachment a name/description, and then click “Upload” to upload the file. Repeat these steps until all attachments are uploaded.

The screenshot shows a 'File Uploads' section with a form. The form has three main steps indicated by red circles with numbers 1, 2, and 3. Step 1 is 'Choose File' with a text input field containing 'Well Details.pdf'. Step 2 is 'Well Sample Results' with a text input field. Step 3 is 'Upload File' with a blue button. Below the form is a text input field with the placeholder 'Upload one or more files above'.

When you have finished your application, review everything submitted. Make sure you have filled out all of the fields, ensure the information is accurate, and all required attachments are uploaded.

Applications cannot be edited once they are submitted. Then you can hit the submit button, and hit ok to submit your application.

A blue rectangular button with the word "Submit" in white text.A dark gray dialog box with a title bar. The text inside says "uat.myhealthdepartment.com says" in bold, followed by "Are you sure you want to submit this entry? Please review carefully." At the bottom right are two buttons: "OK" (light blue) and "Cancel" (dark blue).

uat.myhealthdepartment.com says

Are you sure you want to submit this entry? Please review carefully.

OK

Cancel

Repeat the steps above if you have additional applications to submit.

Please allow 2-3 weeks for your local health department to process your application. You will receive an email similar to below when your application is accepted or denied. You can also check the previous submissions page to see the full status of your applications including any comments if your application was denied.

Renewal Permit Application - Accepted

H

HSCloud<auto-reply@mailers.hsccloudsuite.com>

To: Senseman, Megan (VDH)

⚙️ 😊 ↩️ Reply



Some content in this message has been blocked because the sender isn't in your Safe senders list.

Your Renewal Permit Application has been ACCEPTED.

Please [View Your Application](#) and reach out to your local health department for next steps and more information.

Reach out to your local health department for next steps regarding your permit.

Paying a Renewal Permit Application

If you need to submit multiple renewal or new facility permit applications, please navigate back to the submission page to do so. After you have submitted your renewal permit application(s), click on the "Make Payment" link at the top of the page.

Search for the invoice number that you should have already received from your local health department using the search bar. Please contact your local health department if you do not have an invoice number or did not receive an invoice for your renewal application. You will need the complete invoice number in order to search for it. Click “Add to cart” to add the invoice for payment. Search for all invoices you need to pay.

Enter an Invoice Number below

INV-ES-027-2355

Search

Search results for "INV-ES-027-2355"

Back to Search

Amount Due: \$40.00

Financial Account #: 4053

Invoice #: INV-ES-027-2355

Account #: 4053

Invoice Date: 08/31/2026

Due Date: 09/30/2026

Add to Cart

Line Items:

QTY	Description	Unit Price	Amount	Status
1	Food Establishment Permit	\$40.00	\$40.00	Unpaid

You can then pay for all of the invoices in one payment. **Note:** If you have renewal permits to pay for in addition to new applications or multiple renewals, you may see the following error message when trying to add the renewal invoices to your cart. If you encounter this, you will just need to make separate payments for the invoices.

Cannot add Invoice to cart! This invoice belongs to a separate Account and must be paid separately

Search results for "INV-ES-027-2355"

Back to Search

Important: If you have permits across multiple districts, you will need to pay the fees separately in order to ensure payment goes to the right place. We are working with our vendor to find an alternative solution for this.

Once you have the invoices in your cart and are ready to submit payment, click “Pay Cart”. You will then be transferred to our online payment processor, Elavon (ConvergePay), to complete payment.

Pay Cart

In Elavon, you will enter your payment information, including your credit card and billing address. Unfortunately we cannot have the billing information carry over from your application at this time because the payment is completed by a separate vendor. You can click “same as billing” under shipping address, as there is nothing to be shipped.

The screenshot displays the Elavon payment interface, which is divided into four main sections:

- Order Section:** Shows the amount as 80.00 USD.
- Payment:** Labeled "PAYMENT CARD", it includes fields for Card Number, Expiration Date (MM/YY), and CVV2, along with a "Change Card" link.
- Billing Address:** Contains fields for Company, First Name, Last Name, Address1, Address2, City, State/Province, Postal Code, Country, Email Address, and Phone.
- Shipping Address:** Includes a checkbox for "Same as billing" and fields for Ship to Company, Ship to First Name, Ship to Last Name, Ship to Address1, Ship to Address2, Ship to City, Ship to State/Province, Ship to Postal Code, and Ship to Country.

Submit the payment, and if your payment was successful, you will be redirected back to the myHD portal and see a successful payment page. You will receive a receipt from Elavon to the email you entered on the Elavon billing page.

\$80.00 USD

08/24/2026 01:25:40 PM

DEMO

Your payment has been approved

Transaction Type	SALE
Payment	VISA 40*****0002
Transaction ID	240826C75-010DA361-1CB3-49D5-9281-F5C61A5A20C2
Approval Code	088448
Approval Message	APPROVAL
ECI	
Invoice Number	INV-ES-027-2347

Total	\$80.00 USD
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DEMO

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Descriptions of Data Entry Fields for Permit Applications

NOTE: Some of these fields are exclusive to either new facility permit applications or renewal applications. Some fields will show or hide depending on what is selected in other fields.

Field Heading	Field Name	Field Description	Type of Field	Field options
Establishment Information	Type of Application	Select the type of application being submitted. [REQUIRED field]	Drop Down	New Establishment, Permit Renewal, Name Change, Change of Owner
Establishment Information	Search your Permit	For renewals only. Search for your existing permit record to auto-populate existing data. [REQUIRED field]	Search Field	Custom Text
Establishment Information	Establishment/Permit Name	Enter the name of the establishment/facility. [REQUIRED field]	Text Field	Custom Text
Establishment Information	Program	Select the program area of the permit. [REQUIRED field]	Drop Down	Food Establishment
Establishment Information	Type of Establishment/Permit Type	Select the type of establishment. [REQUIRED field]	Drop Down	Carry Out, Caterer, Child Care Food Service, Commissary, Continental Breakfast, Convenience Store Food Service, Correctional Facility, Educational Facility Food Service, Fast Food, Full-Service Restaurant, Hospital Food Service, Long Term Care and Other Custodial Living Center, Mobile Food Unit, Summer Camp Food Service, Vending
Establishment Information	Physical Establishment Address Line 1	Enter the address line 1 where the establishment is located. [REQUIRED field]	Text Field	Custom Text
Establishment Information	Physical Address Line 2	Enter the address line 2 where the establishment is located.	Text Field	Custom Text
Establishment Information	City	Enter the city where the establishment is located. [REQUIRED field]	Text Field	Custom Text

Establishment Information	State	Enter the state where the establishment is located. [REQUIRED field]	Text Field	Default is VA
Establishment Information	Zip	Enter the zip code where the establishment is located. [REQUIRED field]	Text Field	Custom Text
Establishment Information	County/FIPS	Select the correct county/FIPS for where the establishment is located.	Drop Down	List of VA counties/FIPS
Establishment Information	Vehicle Identification Number (VIN)	Enter your VIN for your mobile food unit (only shows when establishment type is Mobile food Unit)	Text Field	Custom Text
Establishment Information	Phone Number	Enter the phone number of the establishment. [REQUIRED field]	Phone	Custom Text
Establishment Information	Email	Enter the email address of the establishment. [REQUIRED field]	Email Address	Custom Text
Establishment Information	Website Address	Enter the website of the establishment.	Text Field	Custom Text
Owner/Business Contact Information	Establishment Owner is a/an	Select the correct owner type for the establishment.	Drop Down	Individual, Sole Proprietorship, Partnership, Corporation, Limited Liability Company, Business Trust, Nonprofit, Other
Owner/Business Contact Information	Registered Business name(s)	Enter the registered business name(s) for the establishment. [REQUIRED field]	Text Field	Custom Text
Owner/Business Contact Information	Registered Business ID Number	Enter the registered business ID number for the establishment.	Text Field	Custom Text
Owner/Business Contact Information	Owner First Name	Enter the first name of the owner contact.	Text Field	Custom Text
Owner/Business Contact Information	Owner Last Name	Enter the last name of the owner contact. [REQUIRED field]	Text Field	Custom Text

Owner/Business Contact Information	Owner Address Line 1	Enter the address line 1 where the owner contact is located. [REQUIRED field]	Text Field	Custom Text
Owner/Business Contact Information	Owner Address Line 2	Enter the address line 2 where the owner contact is located.	Text Field	Custom Text
Owner/Business Contact Information	Owner Address City	Enter the city where the owner contact is located. [REQUIRED field]	Text Field	Custom Text
Owner/Business Contact Information	Owner Address State	Enter the state where the owner contact is located. [REQUIRED field]	Text Field	Custom Text
Owner/Business Contact Information	Owner Address Zip	Enter the zip code where the owner contact is located. [REQUIRED field]	Text Field	Custom Text
Owner/Business Contact Information	Owner County/FIPS	Select the correct county/FIPS for where the owner contact is located. [REQUIRED field]	Drop Down	List of VA counties/FIPS
Owner/Business Contact Information	Owner Phone	Enter the phone number of the owner contact.	Phone	Custom Text
Owner/Business Contact Information	Owner Home Phone	Enter the home phone number of the owner contact.	Phone	Custom Text
Owner/Business Contact Information	Owner Business Phone	Enter the business phone number of the owner contact.	Phone	Custom Text
Owner/Business Contact Information	Owner Email	Enter the email address of the owner contact. [REQUIRED field]	Email Address	Custom Text
Owner/Business Contact Information	Contact Preference	Select the contact preference for the owner contact.	Drop Down	Phone, Email
Owner/Business Contact Information	Do you authorize VDH to send invoicing via email?	Select Yes or No if the owner contact authorizes VDH to send invoicing via email. [REQUIRED field]	Drop Down	Yes, No
Owner/Business Contact Information	Is the billing contact the same as the owner contact?	Select Yes or No to auto-populate the Billing Contact Information	Drop Down	Yes, No

		from the owner contact information		
Owner/Business Contact Information	Billing Business Name	Enter the registered billing business name for the establishment. [REQUIRED field]	Text Field	Custom Text
Owner/Business Contact Information	Billing Contact First Name	Enter the first name of the billing contact.	Text Field	Custom Text
Owner/Business Contact Information	Billing Contact Last Name	Enter the last name of the billing contact. [REQUIRED field]	Text Field	Custom Text
Owner/Business Contact Information	Billing Address Line 1	Enter the address line 1 where the billing contact is located. [REQUIRED field]	Text Field	Custom Text
Owner/Business Contact Information	Billing Address Line 2	Enter the address line 2 where the billing contact is located.	Text Field	Custom Text
Owner/Business Contact Information	Billing Address City	Enter the city where the billing contact is located. [REQUIRED field]	Text Field	Custom Text
Owner/Business Contact Information	Billing Address State	Enter the state where the billing contact is located. [REQUIRED field]	Text Field	Custom Text
Owner/Business Contact Information	Billing Address Zip	Enter the zip code where the billing contact is located. [REQUIRED field]	Text Field	Custom Text
Owner/Business Contact Information	Billing County/FIPS	Select the correct county/FIPS for where the billing contact is located. [REQUIRED field]	Drop Down	List of VA counties/FIPS
Owner/Business Contact Information	Billing Phone	Enter the phone number of the billing contact.	Phone	Custom Text
Owner/Business Contact Information	Billing Email	Enter the email address of the billing contact. [REQUIRED field]	Email Address	Custom Text
Owner/Business Contact Information	Do you authorize VDH to send invoicing via email?	Select Yes or No if the billing contact authorizes VDH to send invoicing via email. [REQUIRED field]	Drop Down	Yes, No

Establishment & Operation Details	Water Supply	Select the water supply type, whether public or private.	Drop Down	Public, Private
Establishment & Operation Details	Public Water System Name	Enter the name of the public water system.	Text Field	Custom Text
Establishment & Operation Details	ID# (Public Water System Identification Number)	Enter the ID number of the public water system.	Text Field	Custom Text
Establishment & Operation Details	Sewage Disposal	Select the sewage disposal type, whether public or private.	Drop Down	Public, Private
Establishment & Operation Details	Approved Public Facility Name	Enter the name of the approved public facility.	Text Field	Custom Text
Establishment & Operation Details	Facility Open Year Round	Select Yes or No if the establishment is open year round. [REQUIRED field]	Drop Down	YES, NO
Establishment & Operation Details	Days Open	Select all the days that the establishment is open. [REQUIRED field if Facility Open Year Round = NO]	Checkbox	Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday
Establishment & Operation Details	Months Open	Select all the months that the establishment is open. [REQUIRED field if Facility Open Year Round = NO]	Checkbox	January, February, March, April, May, June, July, August, September, October, November, December
Establishment & Operation Details	Days and Hours Information	Enter any additional information about facility operating hours. [REQUIRED field]	Text Field	Custom Text
Food Applications	Does the establishment have a Certified Food Protection Manager (CFPM)?	Select Yes or No if the establishment has a Certified Food Protection Manager (CFPM). [REQUIRED field]	Drop Down	Yes, No
Food Applications	Does this food establishment offer catering?	Select Yes or No if the establishment offers catering. [REQUIRED field]	Drop Down	YES,NO
Food Applications	Does your food establishment offer	Select Yes or NO if the establishment offers	Drop Down	YES,NO

	commissary services to others?	commissary services to others. [REQUIRED field]		
Food Applications	Does your food establishment use a commissary?	Select Yes or No if the establishment uses a commissary. [REQUIRED field]	Drop Down	YES,NO
Food Applications	Commissary Name	Enter the address line 1 where the commissary is located. [REQUIRED field when permit type equals mobile food unit]	Text Field	Custom Text
Food Applications	Commissary Address Line 1	Enter the address line 1 where the commissary is located. [REQUIRED field when permit type equals mobile food unit]	Text Field	Custom Text
Food Applications	Commissary Address Line 2	Enter the address line 2 where the commissary is located.	Text Field	Custom Text
Food Applications	Commissary City	Enter the city where the commissary is located. [REQUIRED field when permit type equals mobile food unit]	Text Field	Custom Text
Food Applications	Commissary State	Enter the state where the commissary is located. [REQUIRED field when permit type equals mobile food unit]	Text Field	Custom Text
Food Applications	Commissary Zip	Enter the zip code where the commissary is located. [REQUIRED field when permit type equals mobile food unit]	Text Field	Custom Text
Food Applications	Commissary County/FIPS	Select the correct county/FIPS for where the commissary is located. [REQUIRED field when permit type equals mobile food unit]	Drop Down	List of VA counties/FIPS
Food Applications	Maximum Seating Capacity	Enter the maximum seating capacity including both indoor and outdoor seating.	Number	Custom Text

Food Applications	Smoking Status	Select the smoking status for the facility. [REQUIRED field]	Drop Down	Smoke Free, Outdoor smoking area, Smoking in designated areas, Exempt
Food Applications	Wastewater Grease/Oil Removal	Select the wastewater grease/oil removal type for the establishment. [REQUIRED field]	Drop Down	Grease Trap (interior), Grease Trap (Exterior), Other, None
Food Applications	Other Wastewater Grease/Oil Removal	Enter the removal type if Wastewater Grease/Oil Removal = Other.	Text Field	Custom Text
Food Applications	Trash Removal	Select the trash removal type, whether public or commercial.	Drop Down	Public, Commercial
Food Applications	Pickup Frequency	Enter the pickup frequency of the trash removal.	Text Field	Custom Text
Food Applications	Do you have a written employee health policy?	Select Yes or No if the establishment has a written employee health policy. [REQUIRED field]	Drop Down	Yes, No
Food Applications	Review the food processes below and select the one that best describes the most complex food item prepared at your establishment	Select the food process that best describes the most complex food item prepared at the establishment. [REQUIRED field]	Drop Down	No Cook Step: Receive > Store > Prepare > Hold > Serve, Food Preparation for Same Day Service: Receive > Store > Prepare > Cook > Hold > Serve & Ambient cooling allowed, Complex Food Preparation: Receive > Store > Prepare > Cook > Cool > Reheat > Hot Hold > Serve
Food Applications	Check all that apply to your establishment	Select all options that apply to the establishment.	Checkbox	Establishments Serving a Highly Susceptible Population: Includes preschools, hospitals, nursing homes (Note: This does not apply to childcare or custodial facilities that only reheat commercially processed, ready-to-eat

				TCS** food for immediate service. **"Time/temperature control for safety food" or "TCS food" means a food that requires time/temperature control for safety to limit pathogenic microorganism growth or toxin formation Establishments Conducting Specialized Processes: Includes activities such as smoking, curing and reduced oxygen packaging for extended shelf-life
Applicant Certification	Print First Name	Enter the first name of the person submitting the application. [REQUIRED field]	Text Field	Custom Text
Applicant Certification	Print Last Name	Enter the last name of the person submitting the application. [REQUIRED field]	Text Field	Custom Text
Applicant Certification	Signature	The signature of the person submitting the application. Can be cleared out after saving if necessary. [REQUIRED field]	Signature	Custom Text
Applicant Certification	Title	Enter the title of the person submitting the application. [REQUIRED field]	Text Field	Custom Text
Applicant Certification	Date	Enter the date the application is being submitted. [REQUIRED field]	Date	Use the format MM/DD/YYYY