



Portsmouth Health Department
Division of Environmental Health
 1701 High St
 Portsmouth, VA 23704
 (757) 393-8585, Ext 8585; Fax (757) 393-8027

Office Records
 Date Received: _____
 \$40 Annual Permit: _____

Food Establishment Permit Application

**** Please fill out application entirely. ****

Application Fee \$40; Make checks payable to *Portsmouth Health Department*.

Purpose: New Establishment Renewal Name Change Remodel Owner/Corporation Change

Establishment Type: Full Service Fast Food Carry-out only Catering Healthcare School Mobile
 Daycare Group Home Other: _____

Name of Establishment: _____
 Facility Address: _____ Suite # _____
 Facility Phone: _____ Email Address: _____
 Billing Address: _____

Name of Commissary (mobile food units/catering): _____
 Facility Address: _____ Suite # _____
 Facility Phone: _____

Name of Owner: _____
 Mailing Address: _____
 Telephone: _____
 Establishment owner is a/an: Association Corporation Individual Partnership Other Legal Entity
 Association, Corporation, Partnership name: _____

Hours of Operation: Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____
Months of Operation: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Water Supply: (check appropriate box) Public- Name _____ or Private- Type _____
Sewage: (check appropriate box) Public- Name _____ or Private- Type _____

Number of Indoor Seats: _____ **Number of Outdoor Seating:** _____ **Smoking Permitted:** YES NO

Location of grease trap/inceptor: Interior Exterior Not applicable

Certified Food Manager: _____ **Expiration Date:** _____

I/we attest to the accuracy of the information provided, affirm to comply with the *US Food and Drug Administration 2022 Food Code* and allow the regulatory authority access to the establishment or mobile unit at any reasonable time to inspect, conduct tests or collect samples as required.

Applicant's Signature: _____ Title: _____
 Applicant's Name (printed): _____ Date: _____

For Official Use:
 Environmental Health Spec. _____ Issue Date: _____
 Expiration Date: _____