



# Commonwealth of Virginia

## Rappahannock Rapidan Health District

Culpeper County	(540) 829-7350	Fax: 829-7492	640 Laurel St, Culpeper, VA 22701
Fauquier County	(540) 347-6363	Fax: 347-6405	330 Hospital Dr, Warrenton, VA 20186
Madison County	(540) 948-5481	Fax: 948-3841	1480 A N Main St., Madison, VA 22727
Orange County	(540) 672-1291	Fax: 672-1291	450 N. Madison Rd., Orange, VA 22960
Rappahannock County	(540) 675-3516	Fax: 672-1093	338 Gay St., Washington, VA 22747

### Application for a Department of Health Foodservice Establishment Permit

**\$40.00 Fee**

**Type of Application:**  New\*  Renewal  Name Change  Change of Owner\*  Remodel\*

*(\*If New, Change of Ownership, or Remodel is selected above a complete plan review application is also required)*

**Business Description:**  Restaurant  School  Caterer  Commissary  Adult Care  Day Care  Mobile Unit  
 Other: \_\_\_\_\_

**Establishment Name:** \_\_\_\_\_

**Physical Address of Establishment:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Mailing Address:**  Same as billing \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_  
**(Important for Product Recalls & Public Health Emergencies)**

**Name of Owner:** \_\_\_\_\_

**Owner's Address:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_

\_\_\_\_\_

**Fax No.:** \_\_\_\_\_

\_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Legal Owner type:** Association\_ Corporation\_ LLC\_ Individual\_ Partnership\_ Other\_

**Association, Corporation, Partnership name (Required):** \_\_\_\_\_

**Names, titles & addresses of persons comprising the legal ownership (Attach list if necessary):**

\_\_\_\_\_  
\_\_\_\_\_

Corporations, limited liability corporations (LLCs), and other entities must register with the VA State Corporation Commission to do business in the State of Virginia. Contact the SCC's office (in state-toll free 1.866.722.2551 or 1.804.371.9733) for information about this, state corporation ID #, or Registered Agent requirements.

**Facility Type:**

- Full Service  Fast Food  Take-out  Caterer  Hospital  School  Concession
- Other (please explain :) \_\_\_\_\_

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

**Is the food establishment:** (check appropriate box)  Permanent  Temporary (2 wks or less)

Seasonal (months of operation \_\_\_\_\_)

**Operation Information:**

**Hours of Operation:**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Closed							

Number of seats: \_\_\_\_\_

Number of outdoor seating: \_\_\_\_\_

**Water Supply:**

Public \_\_\_\_\_

Private Well (Submit certified annual water test results with total nitrate/nitrite and total coliform)

**Sewage:**

Public \_\_\_\_\_

Private System:  Conventional  Alternative

**Grease trap:**

Interior  Exterior  None  Other: \_\_\_\_\_

**Operator or immediate supervisor (Person directly responsible for the establishment):**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address of Operator: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

\_\_\_\_\_

Fax No.: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

**Food Safety Credentials (Certified Food Protection Manager) (Attach a copy of certificate):**

(www.Servsafe.com; www.nrfsp.com; www.prometric.com )

Name: \_\_\_\_\_

Certificate number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Employee Health Policy:**

(1) Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions?

- Yes  No

(2) Please briefly describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Does the establishment:** *(check Yes or No)*

- (1) Prepare, offer for sale, or serve “*potentially hazardous food*” (food that requires temperature control for safety – meats, cheese, soups, sauces, pasta, cooked vegetables, sliced fruit, etc.):  **Yes**  **No**
- (a) Only to order upon a consumer’s request:  **Yes**  **No**
- (b) In advance quantities:  **Yes**  **No**
- (c) Using *time* as the public health control (i.e., not temperature controlled):  **Yes**  **No**
- (2) Prepare potentially hazardous food in advance using a food preparation method that involves two or more steps which may include combining potentially hazardous food ingredients, cooking, cooling, reheating, hot or cold holding, freezing, or thawing:  **Yes**  **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 (i.e., catering):  **Yes**  **No**
- (a) 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, children, or those with weakened immune systems):  **Yes**  **No**
- (5) Does not prepare but offers for sale only prepackaged food that is not potentially hazardous:  **Yes**  **No**
- (6) Daycare/School Facilities Only-Does not prepare food on-site and uses a licensed caterer:  
 **Yes-Caterer Name:** \_\_\_\_\_ **(Attach a copy of caterers permit)**  
 **No**
- (7) Prepares only food that is not potentially hazardous:  **Yes**  **No**
- (8) Provide indoor smoking (i.e. cigars, cigarettes, hookah)  **Yes**  **No**

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