# 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: _____