



Danville City - Pittsylvania
Halifax - Mecklenburg - Brunswick

COMMONWEALTH OF VIRGINIA SOUTHSIDE HEALTH DISTRICT

APPLICATION FOR A DEPARTMENT OF HEALTH ESTABLISHMENT PERMIT

Type of Application New*, Renewal, Change of Ownership*

***New and Change of Ownership may require a plan review fee and plan review packet completion (PLEASE COMPLETE ALL PARTS OF THE APPLICATION, IT IS NECESSARY TO PROCESS YOUR APPLICATION AND PAYMENT CORRECTLY AND TIMELY)**

Applicant's/Legal owner name: _____ Telephone: (____) _____

Mailing address: _____

E-mail Address: _____

Name of establishment: _____ Telephone: (____) _____

Establishment mailing address/location: _____

Establishment owner is a/an: Association Corporation Individual Partnership Other

Names/titles/addresses of persons comprising the legal ownership. (Attach list if necessary.)

Name/title/address/telephone number of person who is the immediate supervisor of the person directly responsible for the establishment (i.e., zone, district or regional supervisor): _____

Is the establishment: stationary/ permanent, mobile or push cart; B & B food service
 summer camp/ campground food service catering only hotel breakfast area

Days of operations (Circle all) S M T W T F S Hours of operation _____

Seasonal or annual operation: If seasonal which months does it operate: (circle all that apply)
Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

Seating capacity: _____ inside seating or _____ outside seating

Is the food establishment: smoking or non-smoking Outside smoking Area

Certified food manger on staff YES NO (REQUIRED AS OF JULY 1, 2018)

If Yes, Name of certified manager _____

Date of certification expiration: _____

Certificate number: _____ Copy of certificate provided Yes No

IF No, Date planned to obtain the required certification: _____

Please answer the following questions regarding the type of food service you provide at your food facility.

Does the establishment: (Please circle all correct responses below to all questions)

- (1) Prepare, offer for sale, or serve TCS (time/temperature control for safety) food (**this does not mean you make bad food, it means if you prepare or serve foods that could be hazardous if not handled correctly**): Example raw ground beef to make hamburgers, vegetables cooked and cooled to reheat for next day service
 Only to order upon a consumer's request (**prepared only when it is ordered**). **Y or N**
 In advance quantities (**prepared ahead and hot held or cold held**). **Y or N**
 Using time as the public health control. **Y or N**
- (2) Prepare TCS (time/ temperature control for safety) food in advance using a food preparation method that involves two or more steps which may include combining TCS food ingredients, cooking, cooling, reheating, hot or cold holding, freezing, or thawing (**Does the facility use any of the method listed when preparing foods**). **Y or N**
- (3) Prepares food as specified under (2) for delivery to and consumption of at a location off premises of the food establishment where it is prepared. **Y or N or N/A**
- (4) Prepares food as specified under (2) of this section for service to a highly susceptible population. **Y or N or N/A**
- (5) Does not prepare, but offers for sale only prepackaged food that is not TCS. **Y or N or N/A**
- (6) Prepares food that is not a TCS food. **Y or N or N/A**

Water Supply: _____ Public _____ Private
Sewage: _____ Public _____ Private – Type _____

New** Original Well and Septic permit Owner's Name _____

I/we attest to the accuracy of the information provided, affirm to comply with the Commonwealth of Virginia Food Regulations and allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct test, or collect samples as required.

PRINT NAME: _____

SIGNATURE: _____ **Date:** ____/____/____

TITLE: _____

MAKE CHECKS PAYABLE TO: Local Health Department below or credit card payments are accepted by telephone at the numbers listed below
Foodservice Permit Fee \$40.00 (Restaurants, Mobile units, summer camp, Hotel breakfast area, B&B food, Campground food service and catering food service)

Brunswick County Health Department
1632 Lawrenceville Plank Road
Lawrenceville, Virginia 23868
Phone: 434-848-2525
Fax: 434-848-2235

Danville City Health Department
326 Taylor Drive
Danville Virginia 24541
Phone: 434-766-9828
Fax: 434-766-9805

Halifax County Health Department
P.O. Box 845
Halifax, Virginia 24558
Phone: 434-476-4863
Fax: 434-476-4869

Mecklenburg County Health Department
969 Madison Street
Boydton, Virginia 23917
Phone: 434-738-6815
Fax: 434-738-2695

Pittsylvania County Health Department
P.O. Drawer 369
Chatham, VA 24531
Phone: (434) 433-3544
Fax: 434-432-7764

- LIST OF ACCREDITED FOOD MANAGERS CERTIFICATION PROGRAMS:**
- 1. ServSafe – National Restaurant Association, Educational Foundation
 - 2. Experior – Certified Professional Food Manager, Experior Assessments, LLC
 - 3. NRFSP – Food Safety Manager Certification, National Registry of Food Safe Professionals
 - 4. National Restaurant Association in Chicago (www.nraef.org) (800)765-2122
 - 5. National Restaurant Association in Washington, DC (www.ramw.org) (202) 973-5365
 - 6. Jeff Salisbury (703) 626-9537