



**APPLICATION FOR FOOD SERVICE PERMIT 2021**

**THIS IS NOT A PERMIT TO OPERATE. PERMITS MUST BE RENEWED ANNUALLY. ATTACH THE \$40.00 FEE. PLEASE ALLOW 5 BUSINESS DAYS BEFORE CALLING FOR AN INSPECTION.**

**\*\*\*\*\* A COPY OF YOUR BUSINESS LICENSE MUST BE ATTACHED TO THIS APPLICATION \*\*\*\*\***

New – Former Name: \_\_\_\_\_  Name Change – Former Name: \_\_\_\_\_

Renewal *(Application must be completed and returned with fee at least 30 days prior to expiration)*

Owner/Corporation Change (Any changes made to facility?  Yes  No)

TYPE OF OPERATION:  Restaurant  Daycare  School  Mobile  Other \_\_\_\_\_

Is this food establishment located in a hotel/motel:  Yes  No

If yes, name of hotel/motel: \_\_\_\_\_

Establishment Name: \_\_\_\_\_ TAX ID # or S.S.N.: \_\_\_\_\_

Address: \_\_\_\_\_ Establishment Phone: \_\_\_\_\_

Billing Address (If Different From Above) \_\_\_\_\_

Manager Name: \_\_\_\_\_ Manager Phone #: \_\_\_\_\_

**ADDRESS BELOW MUST BE DIFFERENT THAN ESTABLISHMENT ADDRESS**

Owner's/ Corporate/ LLC Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Number of seats: \_\_\_\_\_ Non Smoking Area:  Yes  No ABC License:  Yes  No

Yearly  Seasonal Months of Operation (Circle): Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

Days of Week: M T W T F S S Hours of Operation: \_\_\_\_\_

Type of Water/Sewage Supply:  Well Water (PWSID # \_\_\_\_\_)  City Water  
 Septic System  City Sewage

Name(s) of Certified Food Manager(s): \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Attach the Agreement Form signed by the commissary owner, location of mobile stops and menu.**

If Mobile Unit/Concession Stand/Caterer:

Name of Commissary: \_\_\_\_\_ Address: \_\_\_\_\_

*I/we attest to the accuracy of the information provided, affirm to comply with the Regulations of the Health Department and understand that after the requested Permit is issued, the Commissioner of Health or their authorized representative(s) shall have the right to enter the premises of this establishment at any reasonable time to inspect, conduct tests or collect samples as required/needed. I/we further agree to accept notices issued and served by the regulatory authority. Please note that this office reserves the right to deny the application if not properly completed, or facility is not in compliance with current food regulations. Food Regulations are available at <http://www.vdh.virginia.gov/virginia-beach/environmental-health/>.*

\_\_\_\_\_  
 Name of Owner/Operator Signature of Owner/Operator Date

\*\*\*\*\*

HD USE ONLY: Encounter # \_\_\_\_\_  Cash Check # \_\_\_\_\_ Card Approval # \_\_\_\_\_

Permit #: \_\_\_\_\_ EHS: \_\_\_\_\_ Rev. 1/07/2021

\*\*\*\*\*