



VIRGINIA BEACH DEPARTMENT OF PUBLIC HEALTH
Office of Environmental Health
4452 Corporation Lane, Virginia Beach, VA 23462
TEL. (757) 518-2700 Opt. 3 FAX (757) 518-2642

APPLICATION FOR FOOD SERVICE PERMIT 2023

THIS IS NOT A PERMIT TO OPERATE. PERMITS MUST BE RENEWED ANNUALLY. ATTACH THE \$40.00 FEE.
PLEASE ALLOW 5 to 10 BUSINESS DAYS BEFORE CALLING FOR AN INSPECTION.

******* A COPY OF YOUR BUSINESS LICENSE OR TAX EXEMPT (IF APPLICABLE) 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 ☐ Childcare or HSP ☐ School ☐ Mobile ☐ Catering ☐ Pushcart

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 # _____)
☐ Septic System

☐ City Water
☐ 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: _____

ALL FEES ARE NON TRANSFERABLE AND NON REFUNDABLE.

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 # _____
Permit #: _____

☐ Cash
EHS: _____

Check # _____ Card Approval # _____
Census Track #: _____

Rev. 06/2023
