



APPLICATION FOR FOOD SERVICE PERMIT 2024

THIS IS NOT A PERMIT TO OPERATE. PERMITS MUST BE RENEWED ANNUALLY. ATTACH THE \$40.00 FEE.
PLEASE ALLOW 5 to10 BUSINESS DAYS BEFORE CALLING FOR AN INSPECTION.

***** A COPY OF YOUR 2024 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 #) 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:

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 Check # Card Approval #
EHS: Census Track #: