



Pembroke Corporate Center III
4452 Corporation Lane
Virginia Beach, VA 23462
Phone: 757.518.2700
Fax: 757.518.2640

APPLICATION FOR FOOD SERVICE PERMIT

All permit applications and fees must be submitted annually for renewal. The submission of this application does not constitute permission to operate. Please allow 5 to 10 business days for processing before calling to schedule an inspection. All fees are non-transferable and non-refundable.

*****PLEASE ATTACH A COPY OF YOUR CURRENT BUSINESS LICENSE OR TAX-EXEMPT LETTER TO THIS APPLICATION****

TYPE OF PERMIT:

☐ New Permit (new construction, new owner) ☐ Permit Renewal ☐ Existing Establishment Permit (name change only)

TYPE OF OPERATION:

☐ Full-Service Restaurant ☐ Carry Out ☐ Commissary Only ☐ Highly Susceptable Population (childcare, assisted living)
☐ School ☐ Caterer ☐ Ghost Kitchen ☐ Mobile (Mobile Truck/Pushcart/Trailer)

Vehicle Identification Number (VIN) _____

Commissary Name: _____

*****PLEASE PRINT LEGIBLY. DO NOT LEAVE ANY AREAS BLANK.*****

Establishment Name: _____

Establishment Address: _____ Virginia Beach, VA Zip: _____

Establishment Phone #: _____ Tax ID #: _____

Manager/Person in Charge Name: _____ Manager Phone #: _____

Certified Food Protection Manager Name: _____ Expiration Date: _____

Is this food establishment located in a hotel/motel: ☐ No ☐ Yes, name of hotel/motel: _____

ADDRESS BELOW MUST BE DIFFERENT THAN ESTABLISHMENT ADDRESS

Owner's/ Corporation/ LLC Name: _____ Phone: _____

Corporation Address: _____ City, State/Zip: _____

Email: _____

Type of Water/Sewage Supply: ☐ Well Water (PWSID # _____) ☐ Septic System ☐ City Water ☐ City Sewage

Number of seats: _____ Non-Smoking Area: ☐ Yes ☐ No ABC License: ☐ Yes ☐ No

Projected Operations: ☐ Yearly ☐ Seasonal

Months of Operation (Circle all that apply): 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: _____

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/>.

Printed Name of Owner/Operator: _____

Signature of Owner/Operator: _____ Date: _____

HD USE ONLY: Encounter # _____ ☐ Cash ☐ Check # _____ ☐ Card Approval # _____
Permit #: _____ Permit Exp: _____ EHS: _____ Census Track #: _____ Payment Process Date: _____