



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:

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

TYPE OF OPERATION:

- checkbox Full-Service Restaurant checkbox Carry Out checkbox Commissary Only checkbox Highly Susceptable Population (childcare, assisted living)
checkbox School checkbox Caterer checkbox Ghost Kitchen checkbox 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: checkbox No checkbox 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: checkbox Well Water (PWSID # _____) checkbox Septic System checkbox City Water checkbox City Sewage
Number of seats: _____ Non-Smoking Area: checkbox Yes checkbox No ABC License: checkbox Yes checkbox No

Projected Operations: checkbox Yearly checkbox 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 # _____ checkbox Cash checkbox Check # _____ checkbox Card Approval # _____
Permit #: _____ Permit Exp: _____ EHS: _____ Census Track #: _____ Payment Process Date: _____