



BRHD Local Environmental Health Offices	Phone	FAX
Charlottesville/Albemarle, 1138 Rose Hill Drive, Charlottesville, VA 22903	434-972-6219	434-972-4310
Fluvanna County, Route 15, County Office Bldg., PO Box 136, 132 Main Street, Palmyra, VA 22963	434-591-1965	434-591-1966
Greene County, 50 Stanard Street, PO Box 38, Stanardsville, VA 22973	434-985-2262	434-985-4822
Louisa County, 101 Woolfolk Avenue, Suite 203 Louisa, VA 23093	540-967-3707	540-987-3733
Nelson County, 1645 Thomas Nelson Highway, Arrington, VA 22922	434-263-4297	434-263-4304

Application for a Department of Health Foodservice Establishment Permit

Stationary Foodservice Facility/Mobile or Push Cart Unit/Caterers

Application for a: ☐ New Establishment ☐ Renewal ☐ Name Change ☐ Change of Owner

Name of establishment: _____ Telephone: _____

Owner address: _____ Fax: _____

Physical location: _____

Owner Email Address: _____

(Important for Product Recalls & Public Health Emergencies)

Establishment owner is a/an: ☐ Association ☐ Corporation ☐ Individual ☐ Partnership ☐ Other

Association, Corporation, Partnership name: _____

Names, titles & addresses of persons comprising the legal ownership (Attach list if necessary): _____

Billing Address: _____ Billing Email _____

Local registered agent (if required):

Name _____

Title _____

Address _____

Telephone _____

Email _____

Immediate supervisor of person directly responsible for the establishment:

Name _____

Address _____

Person directly responsible for the establishment:

Name _____

Title _____

Address _____

Telephone _____

Email _____

Title _____

Telephone _____

Email _____

Is the food establishment: ☐ Smoke Free ☐ Smoking Allowed in Restricted Area ☐ Smoking w/no Restrictions

Is the food establishment: (check appropriate box) ☐ Stationary ☐ Mobile

If mobile, name & location of commissary: _____

Is the food establishment: (check appropriate box) ☐ Permanent ☐ Temporary (2 wks or less)
☐ Seasonal (months of operation _____)

Type: Full Service ☐ Fast Food ☐ Take-out ☐ Caterer ☐ Hospital ☐ School ☐ Concession ☐
Other (please explain) _____

Hours of Operation: Sun _____ Mon _____ Tues _____ Wed _____
Thurs _____ Fri _____ Sat _____

Does the establishment: (check Yes or No)

(1) Prepare, offer for sale, or serve "potentially hazardous food" (food that requires temperature control for safety – meats, cheese, soups, sauces, pasta, cooked vegetables, sliced fruit, etc.): ☐ Yes ☐ No

(a) Only to order upon a consumer's request: ☐ Yes ☐ No

(b) In advance quantities: ☐ Yes ☐ No

(c) Using time as the public health control (i.e., not temperature controlled): ☐ Yes ☐ No

(2) Prepare potentially hazardous food in advance using a food preparation method that involves two or more steps which may include combining potentially hazardous food ingredients, cooking, cooling, reheating, hot or cold holding, freezing, or thawing: ☐ Yes ☐ No

(3) Prepare food as specified under (2) for delivery to and consumption at a location off premises of the food establishment where it is prepared (i.e., catering): ☐ Yes ☐ No

(a) If yes, is catering: ☐ Full Service ☐ Limited

(4) Prepare food as specified under (2) of this section for service to a "highly susceptible population" (i.e., the elderly, children, or those with weakened immune systems): ☐ Yes ☐ No

(5) Does not prepare but offers for sale only prepackaged food that is not potentially hazardous: ☐ Yes ☐ No

(6) Prepares only food that is not potentially hazardous: ☐ Yes ☐ No

Number of seats: _____ Number of outdoor seating: _____ Number of daily meals _____

Water Supply: (check appropriate box) ☐ Public – Name _____ ☐ Private – Type _____

Sewage: (check appropriate box) ☐ Public – Name _____ ☐ Private – Type _____

**Please Complete Application In Its Entirety. Incomplete Applications May Not Be Accepted.
Required Application Fee Must Be Submitted with Completed Application.**

I/we attest to the accuracy of the information provided, affirm to comply with the Food Regulations and allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required.

Signature: _____

Title: _____

Print Name: _____

Date: _____