



| 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 |

Food Establishment Permit Application

Commonwealth of Virginia - Department of Health Foodservice Establishment Permit. Use for a new establishment, renewal, name change, or change of owner.

Application Type

- New Establishment
 Renewal
 Name Change
 Change of Owner

Establishment Information

| | | | |
|---|----------------------|------------------------------|----------------------|
| Name of Establishment | <input type="text"/> | Telephone | <input type="text"/> |
| Mailing Address | <input type="text"/> | Physical Location | <input type="text"/> |
| | <input type="text"/> | | <input type="text"/> |
| Primary Contact Name | <input type="text"/> | Primary Contact Email | <input type="text"/> |
| Additional Email / General Establishment Email | <input type="text"/> | | |
| Additional Location / Contact Notes | <input type="text"/> | | |
| | <input type="text"/> | | |

Ownership Information

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

Association, Corporation, or Partnership Name
Owner / Organization Email

Billing Address
Billing Contact Email

Names, titles, and addresses of persons comprising legal ownership - attach list if needed

Responsible Parties - include name and email for each contact

| | | | | |
|-----------------------------|------------------|----------------------|----------------------|----------------------|
| Local Registered Agent | Name | <input type="text"/> | Email Address | <input type="text"/> |
| | Telephone | <input type="text"/> | Title | <input type="text"/> |
| Person Directly Responsible | Name | <input type="text"/> | Email Address | <input type="text"/> |
| | Telephone | <input type="text"/> | Title | <input type="text"/> |
| Immediate Supervisor | Name | <input type="text"/> | Email Address | <input type="text"/> |
| | Telephone | <input type="text"/> | Title | <input type="text"/> |

Establishment Operations

Food establishment:
 Stationary
 Mobile

Operating status:
 Permanent
 Temporary
 Seasonal

Seasonal Months of Operation
Other Operation - explain

Type of Operation

- Full Service
 Fast Food
 Take-out
 Caterer
- Hospital
 School
 Concession

Hours of Operation

| | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |



Food Establishment Permit Application

Food Preparation and Service Questions

Check one box for each question. These responses help determine permit category and inspection frequency.

| Question | Yes | No |
|--|--------------------------|--------------------------|
| 1. Prepare, offer for sale, or serve PHF/TCS food? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1a. Only to order upon consumer request? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1b. In advance quantities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1c. Using time as public health control instead of temperature control? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Prepare PHF/TCS food in advance using two or more steps (cook, cool, reheat, hold, freeze, thaw, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Prepare food described under question 2 for delivery to and consumption off-premises, such as catering? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Prepare food described under question 2 for service to a highly susceptible population? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Offer for sale only prepackaged food that is not PHF/TCS? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Prepare only food that is not PHF/TCS? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes to Q3, catering service is: Full Service Limited

Seating, Water Supply, and Sewage

| | | | | | | | | | | |
|------------------------|----------------------|----------------------|----------------------|----------------------|---------------------------------|-------------|----------------------|----------------------------------|-------------|----------------------|
| Number of Seats | <input type="text"/> | Outdoor Seats | <input type="text"/> | Water Supply: | <input type="checkbox"/> Public | Name | <input type="text"/> | <input type="checkbox"/> Private | Type | <input type="text"/> |
| | | | | Sewage: | <input type="checkbox"/> Public | Name | <input type="text"/> | <input type="checkbox"/> Private | Type | <input type="text"/> |

Attachments / Additional Information

Applicant Certification

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 | <input type="text"/> | Title | <input type="text"/> | Print Name | <input type="text"/> | Date | <input type="text"/> |
|------------------|----------------------|--------------|----------------------|-------------------|----------------------|-------------|----------------------|

For Official Use

| | | | | | | | | |
|--|------------|----------------------|--------------------|----------------------|--------------------|----------------------|------------|----------------------|
| <input type="checkbox"/> Approved for Permit | EHS | <input type="text"/> | Date Signed | <input type="text"/> | Date Issued | <input type="text"/> | EHS | <input type="text"/> |
|--|------------|----------------------|--------------------|----------------------|--------------------|----------------------|------------|----------------------|

Acronym Key and Food Safety Terms

- PHF/TCS:** Potentially Hazardous Food / Time/Temperature Control for Safety. Foods requiring temperature control, such as meats, cheese, soups, sauces, pasta, cooked vegetables, sliced fruit, and similar foods.
- Time as a Public Health Control:** Written time limits used instead of temperature control for certain foods.
- Highly Susceptible Population:** People more likely to experience foodborne illness, such as young children, older adults, or people with weakened immune systems.
- Catering:** Preparing food for delivery to and consumption at a location away from the permitted establishment.