Commonwealth of Virginia

Application for a Department of Health Foodservice Establishment Permit

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

Name of establishment: ________________________________  Telephone: ________________

Mailing address: ____________________________________  Fax: _______________________

__________________________________________________  Physical location: ______________________

__________________________________________________  ________________________________

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: ________________________________

________________________________________________________________________

Local registered agent (if required):

Name ________________________________

Title ________________________________

Address ________________________________

Telephone ________________________________

Person directly responsible for the establishment:

Name ________________________________

Title ________________________________

Address ________________________________

Telephone ________________________________

Immediate supervisor of person directly responsible for the establishment:

Name ________________________________

Title ________________________________

Address ________________________________

Telephone ________________________________
Is the food establishment: (check appropriate box)  □ Stationary  □ Mobile

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, pre-school aged 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: ___________

Water Supply: (check appropriate box)  □ Public – Name ____________  □ Private – Type _________

Sewage: (check appropriate box)  □ Public – Name ____________  □ Private – Type _________

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: _______________________

For Official Use

Approved for Permit ___________  Environmental Health Spec. ___________________________

Date Signed: ___________  Environmental Health Spec. ___________________________

Date Issued: ___________  Environmental Health Spec. ___________________________

This form contains identifying information subject to disclosure per the Virginia Freedom of Information Act (Virginia Code § 2.2-3700 et seq.)
Revised 4/21/2017