APPLICATION FOR A DEPARTMENT OF HEALTH PERMIT

Hampton and Peninsula
HEALTH DISTRICTS

Newport News Area Office
836-A J Clyde Morris Boulevard
Newport News, VA 23601
(757) 594-7340

Hampton Office
3130 Victoria Blvd.
Hampton, VA 23661
(757) 727-1172

Williamsburg Area Office
5300 Palmer Lane
Williamsburg, VA 23188
(757) 603-4277

Make Checks Payable to: Hampton and Peninsula Health Department
ANNUAL APPLICATION FEE $40.00

Type: □ New Establishment □ Renewal □ Name Change □ Change of Owner From:_____

I/We hereby make application to the Peninsula Health District for a permit to operate a:
□ Restaurant □ Commissary □ Migrant Labor □ Hotel/Motel
□ Bed & Breakfast □ Mobile Vendor □ Campground □ Other _____

Name of Facility: _____

Facility Address: _____**City:** _____**Zip:** _____

Phone: _____ **Fax #:** _____ **E-Mail:** _____

Ownership Type: □ Sole Proprietor □ Inc. □ LLC □ Other Name: _____

Billing Address: _____**City/State:** _____**Zip:** _____

Smoking Status: □ Smoke Free □ Smoking allowed in restricted areas **Max. Seating Capacity:** _____

□ **Yearly** □ **Seasonal** If seasonal, months of operation: _____

Days of Operation: _____ **Hours of Operation:** ____ AM to ____ PM

Water Supply: □ **Public or** □ **Private**
Name of public supply: _____

Sewage Disposal: □ **Public or** □ **Private**
Name of public sewerage system: _____

I/We agree to abide by Commonwealth of Virginia and local Rules and Regulations. I/We understand that after issuance of the Health Department Permit, the Commissioner of Health or his authorized representatives shall have the right to enter the premises of this establishment at any reasonable time to inspect, conduct tests, or collect samples as required. I/We further understand that permits cannot be transferred from one operator to another and permits are subject to revocation for just cause. I/We agree to notify the local health department when this owner/applicant ceases to be responsible for the establishment or when there is a change in operations, and are responsible for ensuring the Health Department Permit does not lapse in validity, or shall be deemed an illegal operation.

Registered Agent (print): _____ (If corporation is based outside of Virginia)

Applicant (print): _____Phone (direct): _____

Signature:_____ **Title:**_____ **Date:**_____
(Officer/Agent Authorized to Sign Application)

HEALTH DEPARTMENT OFFICIAL USE ONLY

Invoice # _____ Check # _____ Receipt Date _____ Received By _____

Site Inspection By _____ Date _____ Permit Approved By _____ Date _____

Issue Date _____ Exp. Date _____ Remarks _____