



**Prince William
Health District**

Food Establishment Permit Application

New establishment Permit renewal Name change Change of owner

Office use only:

Receipt # _____ Check # _____ Plan Review Fee _____ Food Permit Fee _____

Date: _____

Note: A food permit application needs to be filled out each year.

Part I- Food Establishment Information

Name of Food Establishment: _____ Phone: _____ Fax: _____

Street: _____ City: _____ Zip: _____

Mailing Address: _____

Email for official correspondence: _____

Hours of Operation: _____

Is the food establishment: Stationary Mobile

Type of food service (Check all that apply): Sit Down Meals Take Out Delivery Catering

Number of Seats _____

Smoking Status: Smoke free Smoking in restricted areas Smoking with no restrictions

Grease trap / interceptor: Interior Exterior Other None

Water Source: Public Private (well)

Sewage: Public Private (drainfield / modular sewage treatment plant)

Part II- Ownership Information – This will be the owner that is listed on your current business license. (Please provide a copy of your current business license.)

Association Corporation/LLC Individual Partnership Other

Ownership Name : _____

Name, title, address, & phone of facility manager: _____

Part III- Plan Review Information

Name, address, phone number, email address of local registered agent (permit expeditor/contractor/architect, if used for initial plan review submittal): _____

See back page

Food Establishment Permit Application

Part IV- Menu Information (Please provide a copy of your current menu)

Does the facility? Indicate **Yes** or **No**

- 1) ___ Prepare, offer for sale, or serve Potentially Hazardous Food (PHF)/Time/Temperature Control for Safety Food (TCS)
(Ex. meat, seafood, eggs, dairy products, cooked vegetables, prepared raw fruit, cooked rice/pasta, etc):
 - a) ___ Only to order upon a consumer's request
 - b) ___ In advance quantities
 - c) ___ Using time as the public health control (requires written prior approval from Health Department)
- 2) ___ Prepare PHF/TCS food in advance, using a food preparation method that involves two or more steps which may include: combining PHF ingredients, cooking, cooling, reheating, hot or cold holding, freezing, or thawing
- 3) ___ Prepares food, as specified under (2), for delivery to and consumption at a location off premises
- 4) ___ Prepares food, as specified under (2), of this section for service to a highly susceptible population (childcare, adult care, nursing home, meals on wheels, hospital, institution)
- 5) ___ Does not prepare, but offers for sale, only prepackaged food that is not potentially hazardous
- 6) ___ Prepares food that is not potentially hazardous

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: _____ Date: ____/____/____

Print Name: _____ Title: _____

Payment & Processing Information: Cash, Credit Card (Visa or Mastercard), or Check (Payable to Prince William Health District)

\$40.00 Food Establishment Permit Fee
\$40.00 Food Establishment Plan Review Fee

Applications and Payments may be mailed to the following address or processed in-person during business hours:

Prince William Health District
8470 Kao Circle Manassas, Virginia 20110-1702
Phone 703-792-6310, option 1 Fax 703-257-5138
Hours: M-F 8:00-4:30