



**COMMONWEALTH of VIRGINIA**  
DEPARTMENT OF HEALTH  
Environmental Health

CENTRAL VIRGINIA HEALTH DISTRICT  
307 ALLEGHANY AVENUE  
LYNCHBURG, VIRGINIA 24501

Email: LynchburgEH@vdh.virginia.gov

PHONE (434) 477-5921

SERVING THE COUNTIES OF  
AMHERST (434) 946-9408  
APPOMATTOX (434) 352-2313  
BEDFORD (540) 586-7952  
CAMPBELL (434)592-9550

AmherstEH@vdh.virginia.gov  
AppomattoxEH@vdh.virginia.gov  
BedfordEH@vdh.virginia.gov  
CampbellEH@vdh.virginia.gov

**APPLICATION FOR A FOOD ESTABLISHMENT PERMIT (\$40.00 Fee)**

Name of Establishment \_\_\_\_\_

Physical Address \_\_\_\_\_

Website \_\_\_\_\_ Phone# \_\_\_\_\_

Facility Type (Circle One):      Mobile      Stationary      Temporary      Permanent  
Permit Type:  Adult Care     Carry Out     Caterer     Child Care     Commissary     Educational Facility  
 Fast Food     Full Service     Mobile Food Unit     Other \_\_\_\_\_

Issuance Reason:     New Establishment     Remodel     Name Change     Change of Ownership

Catering offered:  Yes     No      Commissary used:  Yes     No      Restroom Facilities:  Yes     No

Wastewater Grease Removal:     Grease trap (interior)     Grease trap (exterior)     Other \_\_\_\_\_     None

Water Supply:     Public     Private – Type \_\_\_\_\_     Other \_\_\_\_\_

Sewer:     Public     Private     Pump and Haul     Other \_\_\_\_\_

Number of Seats: \_\_\_\_\_      Number of Outdoor Seats: \_\_\_\_\_      Proposed Opening Date: \_\_\_\_\_

Maximum Number of Employees on Site at any Given Time of Operation \_\_\_\_\_

Maximum Occupancy Load stated on Certificate of Occupancy \_\_\_\_\_

Applicant/Contact Name \_\_\_\_\_ Title/Role \_\_\_\_\_

Mailing Address \_\_\_\_\_ Preferred Phone# \_\_\_\_\_

\_\_\_\_\_ Alternate Phone# \_\_\_\_\_

E-mail \_\_\_\_\_

Legal Owner \_\_\_\_\_ \*Check if same as  Applicant

Mailing Address \_\_\_\_\_ Preferred Phone# \_\_\_\_\_

\_\_\_\_\_ Alternate Phone# \_\_\_\_\_

E-mail \_\_\_\_\_ FIN/Tax ID \_\_\_\_\_

Billing Address \_\_\_\_\_

\* If the legal owner is other than an individual (i.e. an LLC), please attach a list of names, titles, and addresses of all persons comprising the legal ownership



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Person directly responsible for the establishment (i.e. General Manager) \*Check if same as  Owner  Applicant

Name \_\_\_\_\_ Title/Role \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Certified Food Protection Manager \*Check if same as  Owner  Applicant  Person directly responsible for establishment

\*\*\*Certified Food Protection Manager credential(s) \*\*\*New Food Regulations 6/24/2021 require a CFPM in charge at all times

Name \_\_\_\_\_ Title/Role \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Certification# \_\_\_\_\_ Expiration date \_\_\_\_\_ Type \_\_\_\_\_

Licensing Authority \_\_\_\_\_

**Food Process Information**

\* TCS (Time/temperature control for safety) foods - Foods that need time and temperature control for safety. Examples of TCS foods are dairy products, shell eggs, fish, poultry, meat, cut melons, cooked vegetables, soup, cooked rice, tofu, etc.

Does the establishment: (Check Yes or No)

1. Only prepare foods that do NOT require temperature control (no refrigeration or hot holding)  Yes  No
2. Does not prepare, but offers for sale only prepackaged food that is not time/temperature control for safety food  Yes  No
3. Prepare, offer for sale, or serve TCS\* (time/temperature control for safety) food  Yes  No
4. Heat commercially processed TCS food for immediate service and/or hot holding  Yes  No
5. Cook meat(s) or other animal foods  Yes  No
  - Only precooked animal products (i.e. frozen precooked chicken tenders)  Yes  No
  - Offer raw or undercooked (i.e. sunny-side up eggs, sushi, medium/ medium-rare hamburgers, etc.)  Yes  No
6. Prepare TCS foods that do not need to be cooked (i.e. cutting fruit/seeded vegetables, mixing different TCS ingredients together, etc)  Yes  No
7. Only prepare food for immediate service  Yes  No
8. Discards food that is not sold or served at an approved frequency  Yes  No



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- 9. Prepare TCS food in advance using a food preparation method that involves two or more steps. (i.e. using a combination of at least two of the following processes during food preparation: cooking, cooling, reheating, hot or cold holding, freezing, or thawing)
10. Prepare TCS food for delivery to and consumption at a location off the premises of the food establishment where it is prepared
11. Prepare food for service to a highly susceptible population (i.e. preschool, nursing home, or hospital)
12. Have any specialized food processes (i.e. make homemade kimchi or other fermentation processes, par cook foods such as chicken wings, canning, etc.)
13. Uses time without temperature control as the public health control for food safety

List (or attach) all food suppliers/sources and what products will be received from each supplier:

- \*A menu must be provided for this application to be processed
\*A Commissary Commitment Form must be included (If using a Commissary for a Mobile Unit or Catering Operation)
\*For new establishments or renovations a plan review application must also be submitted

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

Signature \_\_\_\_\_ Title \_\_\_\_\_
Print Name \_\_\_\_\_ Date \_\_\_\_\_

as seen in 12VAC5-421-3720 h # including, but not limited to the state unified building code, local wastewater treatment/F.O.G., fire code, plumbing code, zoning, local ordinances, and the VA Food Regulations (which can be accessed at the following link: https://law.lis.virginia.gov/admincode/title12/agency5/chapter421/ ), 2) A valid certificate of occupancy, 3) Evidence of these approvals will be required.