



COMMONWEALTH of VIRGINIA
DEPARTMENT OF HEALTH
Environmental Health

To be Completed by VDH Staff:
Date Application Received _____
Received By _____
Invoice # _____
Payment received:
Check box (left) _____
Initial when
processed (right) _____

CENTRAL VIRGINIA HEALTH DISTRICT
307 ALLEGHANY AVENUE LYNCHBURG, VIRGINIA 24501
LynchburgEH@vdh.virginia.gov
(434) 477-5921 / FAX (434) 947-2009

SERVING THE COUNTIES OF
AMHERST / (434) 946-9408 / AmherstEH@vdh.virginia.gov
APPOMATTOX / (434) 352-2313 / AppmoattoxEH@vdh.virginia.gov
BEDFORD / (540) 586-7952 / BedfordEH@vdh.virginia.gov
CAMPBELL / (434)592-9550 / Campbell Eh@vdh.virginia.gov

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

Name of Establishment _____

Physical Address _____

Website _____ Phone# _____

* Permit Type:

* Issuance Reason:

* Catering:

* Commissary:

Restroom Facilities
On Site:

* Smoking Status:

* Wastewater Grease Removal:

Potable Water Source:

Wastewater Disposal:

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

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)

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 all that apply)

1. Only prepare foods that do NOT require temperature control (no refrigeration or hot holding)
2. Does not prepare, but offers for sale only prepackaged food that is not time/temperature control for safety food
3. Prepare, offer for sale, or serve TCS* (time/temperature control for safety) food
4. Heat commercially processed TCS food for immediate service and/or hot holding
5. Cook meat(s) or other animal foods
 - Only precooked animal products (i.e. frozen precooked chicken tenders)
 - Offer raw or undercooked (i.e. sunny-side up eggs, sushi, medium/ medium-rare hamburgers, etc.)
6. Prepare TCS foods that do not need to be cooked (i.e. cutting fruit/seeded vegetables, mixing different TCS ingredients together, etc)
7. Only prepare food for immediate service
8. Discards food that is not sold or served at an approved frequency
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, parcooking foods such as chicken wings, canning, etc.) -Attach a HACCP plan
13. Uses time without temperature control as the public health control for food safety-attach policy

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

Please add any additional information that may be helpful in reviewing this application.

***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**

***Attach a copy of your business license**

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 _____

A pre opening inspection must be completed before issuance of a permit, with the exception of legal owner change applications only as seen in 12VAC5-421-3720. Permit issuance requires: 1) Compliance with all applicable laws 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 link below), 2) A valid certificate of occupancy, 3) Evidence of these approvals will be required.