



Commonwealth of Virginia
Chesapeake Health Department
Division of Environmental Health
748 North Battlefield Boulevard
Chesapeake, VA 23320
(757) 382-8672 Fax (757) 382-8713

Office Records
Date Received _____
\$40 Plan Review _____
\$40 Annual Permit _____

FOODSERVICE ESTABLISHMENT / MOBILE FOOD UNIT PERMIT APPLICATION
THIS IS NOT A PERMIT TO OPERATE

Please print or type the information requested below, return the completed application, a copy of your business license (if applicable), and permit fee of \$40 to the address listed above. The establishment and owner's name must be the same as recorded on the City of Chesapeake business license. Please note that permits are not transferable in a change of ownership.

Application with plan review fee of \$40 must be submitted to the Chesapeake Health Department for review and approval before any work may be done in the food facility. If any existing equipment is to be replaced or new equipment is installed, the manufacturer's specifications must also be submitted. Please contact our office at (757)-382-8672 for more information.

New Establishment Renewal Name Change Change of Owner
Business license ONLY required with applications for New Establishments; Name Change; Change of Ownership
Type of Facility: Food Establishment Mobile Food Unit Catering Service

Name of Establishment: _____
Facility Address: _____ Suite # _____
Facility Phone: _____ Fax number: _____
Billing Address: _____

Name of Commissary (mobile food units/catering): _____
Facility Address: _____ Suite # _____
Facility Phone: _____

Email Address: _____
(Important for Product Recalls & Public Health Emergencies)

Number of Indoor Seats: _____ **Number of Outdoor Seating:** _____

Water Supply: (check appropriate box) Public- Name _____ or Private- Type _____
Sewage: (check appropriate box) Public- Name _____ or Private- Type _____

Is the food establishment: (check appropriate box): Permanent Temporary Seasonal
Establishment Type: Full Service Fast Food Take-out Caterer Hospital School Concession Day Care Other
(please explain) _____

Is the mobile food unit (check appropriate box): Vehicle (truck) Pull behind trailer Pushcart other

Hours of Operation: Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____
Months of Operation: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Name of Owner: _____
Mailing Address: _____
Telephone: _____

Establishment owner is a/an: Association Corporation Individual Partnership Other Legal Entity

Association, Corporation, Partnership name: _____

Names, titles & addresses of persons comprising the legal ownership (Attach list if necessary):

Person directly responsible for the establishment or mobile unit:

Name _____
Title _____
Address _____
Telephone Number: _____

Immediate supervisor of person directly responsible for the establishment or mobile unit:

Name _____
Title _____
Address _____
Telephone _____

FOOD PREPARATION REVIEW (answer yes or no where applicable)

Please specify if the food establishment, mobile food unit or catering service is an operation that:

1. Prepares, offers for sale, or sells **only** "time/temperature controlled for safety" TCS Foods: YES/NO
(Foods such as milk & milk products, poultry, tofu, baked or boiled potatoes, cooked rice, sliced tomatoes, shell eggs, fish, raw sprouts and seeds, cooked beans, meats-beef, pork, lamb, shellfish, and crustacean, cut melons, soy-protein foods, and heat treated plant foods).
 - a. To order upon a customer's request YES/NO
 - b. In advance quantities YES/NO
 - c. Will "time as a public health control" be utilized in holding any TCS foods? YES/NO
If yes, briefly describe the process and monitoring procedures. Written procedures are required to be submitted to the health department and maintained on the premises by the facility. _____
2. Prepares TCS food in advance using a food preparation method that involves two or more steps, which may include combining TCS ingredients; cooking, cooling, reheating, hot or cold holding, freezing or thawing? YES/NO
3. Prepares food for delivery to and consumption at a location off the premises of the food establishment where it is prepared? YES/NO
4. Prepares food for service to a highly susceptible population (the elderly, those with weakened immune systems, and preschool age children) YES/NO
5. Does not prepare but offers for sale, **only** prepackaged food that is not temperature controlled for safety? YES/NO
6. Prepares only food that is **not** time/temperature control for safety YES/NO
7. Describe any special food processing within your operation (smoking or curing meats, reduced oxygen packaging such as sous vide, canning, sprouting beans, etc.). Variances are required to be submitted and approved by the department.

8. Is fish that has been packaged, using Reduced Oxygen Packaging (ROP), being used? YES/NO
If yes, describe the thawing process: _____

I/we attest to the accuracy of the information provided, affirm to comply with the Commonwealth of Virginia Board of Health Food Regulations 12 VAC 5-421 and allow the regulatory authority access to the establishment or mobile unit at any reasonable time to inspect, conduct tests or collect samples as required.

Applicant's Signature: _____ Title: _____
Applicant's Name (printed): _____ Date: _____

For Official Use:

Census Tract: _____ Environmental Health Spec. _____
Issue Date: _____ Expiration Date: _____