



*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, 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  
Type of Facility:  Food Establishment    Mobile Food Unit    Catering Service  
Smoking Status: \_\_\_\_\_   ABC License: Yes or No

**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: \_\_\_\_\_