



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 Annual Permit: _____

Foodservice Establishment / Mobile Food Unit Permit Application

**** Please fill out application entirely. ****

Application Fee \$40; Make checks payable to *Chesapeake Health Department*.

Purpose: New Establishment Renewal Name Change Owner/Corporation Change

Establishment Type: Full Service Fast Food Carry-out only Catering Healthcare School Mobile Other: _____

Name of Establishment: _____

Facility Address: _____ Suite # _____

Facility Phone: _____ Email Address: _____

Billing Address: _____

Name of Commissary (mobile food units/catering): _____

Facility Address: _____ Suite # _____

Facility Phone: _____

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

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

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

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

Certified Food Manager: _____ **Expiration Date:** _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____

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

Association, Corporation, Partnership name: _____

Person directly responsible for the establishment or mobile unit:

Name: _____ **Title:** _____

Telephone: _____

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: _____