Commonwealth of Virginia

Application For A Department of Health Food Establishment Permit

Application for a:  □ Permit Renewal  □ Building Plan Review  □ New Establishment
□ Name Change*   □ Change of owner
(*Former name of establishment: ________________________________)

Account # for existing establishments: ____________________________

("Applications must be updated annually
A complete application must be returned with payment"

Name of Establishment: _____________________________________________________________________________
Establishment Physical Address/Location: ____________________________________________________________
Establishment Telephone #: (______)_________ Establishment Fax #: (___)_______________________________
Establishment Email address: ________________________________________________________________

Establishment Mailing address: _________________________________________________________________

Establishment Billing address: _________________________________________________________________
Billing Phone: (____)________________________________________ Billing Fax: (___)_____________________

Applicant’s name: ___________________________________________ Title: ______________________
Phone: (____)____________________ Fax: (___)________________________ E-mail address: _______________________

Mailing address: ________________________________________________________________

Emergency Contact (if different from applicant): _______________________________ Phone:____________________
Name, title, address & telephone number of the person who is the immediate supervisor of the person directly
responsible for the establishment (i.e., zone, district or regional supervisor): ____________________________

Phone: (____)____________________ Fax: (___)________________________ Email:___________________________

Names, titles & addresses of person(s) comprising the legal ownership (attach list if necessary):__________

______________________________________________________________________________________________

Phone: (____)____________________ Fax: (___)________________________ Email:___________________________

Establishment owner is a/an: ____ Association   ____ Corporation   ____ Individual   ____ Partnership   __Other
Name, title and address of local registered agent (if required):______________________________

Phone: (____)____________________ Fax: (___)________________________ Email:___________________________

Name, title, address and telephone number of person directly responsible for the establishment:

______________________________________________________________________________________________

Phone: (____)____________________ Fax: (___)________________________ Email:___________________________

over→
Is the food establishment: ___ stationary  OR  ___ mobile
   ___ permanent OR  ___ temporary
   ___ smoking section  OR  ___ smoke-free

If seasonal, list months open:_____________________________________________________________________

Days and Hours of Operations:_____________________________________________________________________

Seating Capacity ________

Does the establishment:

(1) Prepare, offer for sale, or serve potentially hazardous food:
   (a) Only to order upon a consumer's request_____
   (b) In advance quantities_____
   (c) Using time as the public health control_____

Does the establishment:

(2) Prepare potentially hazardous food in advance using a food preparation method that involves two or more steps with may include combining potentially hazardous food ingredients, cooking, cooling, reheating, hot or cold holding, freezing, or thawing_____

(3) Prepare food as specified under (2) for delivery to and consumption at a location off premises of the food establishment where it is prepared_____

(4) Prepare food as specified under (2) of this section for service to a highly susceptible population____

(5) Offer for sale, but does not prepare, only prepackaged food that is not potentially hazardous_____

(6) Prepare food that is not potentially hazardous_____

(7) Cater for public events? _____  Private events? _____

Water Supply: ___ Public  ___ Private

Sewage: ___ Public  ___ Private

Wastewater Grease Removal: ___ Grease trap inside  ___ Grease trap outside  _____ Other  ____None

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

Signature:__________________________ Date: ______/_____/______

Title:______________________________

FEES:   Foodservice Permit: $40   Foodservice Plan Review $40

Please send completed application and the fee(s) to the appropriate Health Department:

Charles City Health Department, 7501 Adkins Road, Charles City, VA 23030  Phone: (804) 829-2490
Goochland Health Department, P.O. Box 178, Goochland, VA 23063  Phone: (804) 556-5843
Hanover Health Department, 12312 Washington Hwy., Ashland, VA 23005  Phone: (804) 365-4343
New Kent Health Department, P.O. Box 86, New Kent, VA 23124  Phone: (804) 966-9640

LIST OF ACCREDITED FOOD MANAGERS CERTIFICATION PROGRAMS

Thompson Prometric - Certified Professional Food Manager, www.prometric.com
National Registry of Food Safety Professionals, Food Safety Manager Certification, www.nrfsp.com