

Commonwealth of Virginia
Department of Health
Application For A Food Establishment Permit

Application for a: New establishment Renewal Name change Change of owner

A fee of up to \$40.00 may apply to this application. The initial fee will be prorated from the time of being permitted to the end of the calendar year. A \$40.00 annual permit fee will be due each following year. A \$40.00 plan review fee may apply for a plan review for new facilities.

Please attach a proposed menu.

Name of Establishment: _____

Telephone: _____ Fax: _____

Mailing address: (i.e. P.O. Box) _____ Physical address: _____

Applicant's name: _____ Title: _____

Home Mailing Address: _____

Home Telephone: _____ Email address: _____

Legal owner type: Association, Corporation, Individual, Partnership, Other legal entity

Legal owner name: _____

Legal owner mailing address: _____

If legal owner is other than an individual, please attach a list of names, titles, and addresses of all persons comprising the legal ownership.

Local registered agent (if required – out of state corporations must identify registered agent for Virginia)

Name: _____ Title: _____

Mailing address: _____ Telephone: _____

Person directly responsible for the establishment

Name: _____

Title: _____

Home address: _____

Telephone: _____

If leasing building, who owns it:

Name: _____

Title: _____

Home Address: _____

Telephone: _____

Is the food establishment: (check appropriate box) stationary mobile

Is the food establishment: (check appropriate box) temporary permanent

Total number of seats: _____

Smoking Status: (check appropriate box) Smoke Free
 Smoking allowed in restricted areas
 Smoking with not restriction on the public
 Not Applicable – No Indoor Seating

Does the establishment: (check Yes or No)

(1) Will you prepare, offer for sale, or serve potentially hazardous food: Yes No

- (a) Only to order upon a consumer's request Yes No
- (b) In advance quantities Yes No
- (c) Using time as the public health control Yes No

(2) Prepare potentially hazardous food in advance using a food preparation method that involves two or more steps which may include combining potentially hazardous food ingredients, cooking, cooling, reheating, hot or cold holding, freezing, or thawing Yes No

(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 Yes No

(4) Prepare food as specified under (2) of this section for service to a highly susceptible population (i.e., the elderly, children, or those with weakened immune systems) Yes No

(5) Does not prepare but offers for sale only prepackaged food that is not potentially hazardous Yes No

(6) Prepares only food that is not potentially hazardous Yes No

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

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. I will contact the health department if I do not understand any or all of the questions asked on this application.

Signature: _____ Title: _____

Print Name: _____ Date: _____

Office use ONLY	RECEIPT NUMBER: _____	
Property Identifier: _____	Tax Map #: _____	Subdivision: _____
Section: _____	Block: _____	Lot: _____
GPIN#: _____	Census Tract: _____	
Facility Type: _____	Chain or Franchise: _____	
Approved for Permit: (Y or N) _____	By: _____	Date: _____
Date Signed: _____	By: _____	
Date Issued: _____	By: _____	