



**COMMONWEALTH OF VIRGINIA
 PERMIT APPLICATION
 Hampton Health Department
 1320 LaSalle Ave., Hampton VA 23669
 Phone (757) 727- 2570; Fax (757) 727- 1227**



I/we hereby make application to the Hampton Health Department for a permit to operate a:

Restaurant _____ Grocery _____ Seasonal _____ Institution _____ Hotel _____ Day Care _____
 Campground _____ Mobile Unit _____(Name of Commissary)_____Other _____
 New Establishment _____ Change of Ownership _____ Update _____ Other (explain) _____

Establishment Name _____ Phone (757) _____ Fax _____

Address _____ Zip Code _____ Email Address _____

Ownership is by: Individual ___ Corporation ___ Partnership ___ Association ___ Other _____

Owner's/ Corp. Name _____ Phone _____ Email _____

Mailing Address _____ Fax _____ Web Page _____

Operator's/ Manager's Name _____ Phone _____ Email _____

Mailing Address _____ City/State _____ Fax _____

Water Supply: Public ___ Well ___ **Sewage Disposal:** Public/Sewer ___ Onsite Disposal ___ **Smoking?** _____

Number of Seats _____ Number of Hotel Rooms _____ Number of Campsites _____ Number of Slips _____

I/we attest to the accuracy of the information provided, affirm to comply with the Regulations of the Health Department and understand that after issuance of the Health Department Permit requested, the Commissioner of Health or his authorized representative(s) shall have the right to enter the premises of this establishment at any reasonable time to inspect, conduct tests or collect samples as required/needed. I/we further agree to accept notices issued and served by the regulatory authority.

Signature of Applicant or person authorized by applicant to sign this application

Signature _____ Title _____ Date _____

Home Address _____ City & State _____ Zip Code _____

Print Name _____ **Home Phone** _____

OFFICE USE ONLY

TCS Served? _____ TCS's prepared from raw products? _____ TCS's cooked, chilled and/or reheated? _____

Remarks _____