

Clarke County
100 N Buckmarsh St
Berryville, VA 22611
(540) 955-1033

Frederick/Winchester
107 N Kent St, Ste 201
Winchester, VA 22601
(540) 722-3480

Page County
75 Court Lane
Luray, VA 22835
(540) 743-6528

Shenandoah County
494 N Main St, Ste 100
Woodstock, VA 22664
(540) 459-3733

Warren County
465 W 15th St, Ste 200
Front Royal, VA 22630
(540) 635-3159

Application for a Department of Health Food Establishment Permit

Establishment Information				
Printed on permit	Establishment	Owner*	Applicant	
	Specific location, mobile unit etc. where product will be sold or distributed. (e.g. "Main Street Grill")	Association, corporation, individual, partnership, or other legal entity. (e.g. "MSG Partners, LLC")	Person directly responsible for establishment, local point of contact. (e.g. "John Doe – Manager")	
Name:				
Address: <small>Indicate your preferred billing address.</small>	<input type="checkbox"/> Billing Address	<input type="checkbox"/> Billing Address	<input type="checkbox"/> Billing Address	
Phone:				
Mobile:				
Email:				
Owner is: <input type="checkbox"/> **Association <input type="checkbox"/> **Corporation <input type="checkbox"/> **Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other: _____				
<small>**Attach a list (names, titles & addresses) of the persons comprising legal ownership including owners & officers; local resident agent if applicable</small>				
Name/title/contact info of Applicant's immediate supervisor (e.g. regional supervisor, district manager, etc.) if applicable:				
Establishment Type		Application Type		Dates & Times of Operation
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Fast Food	<input type="checkbox"/>	Renewal Permit # _____ <small>(Can be found on Invoice or Permit)</small>	Sun. <input type="checkbox"/> Year-round <input type="checkbox"/> Seasonal
<input type="checkbox"/> Mobile	<input type="checkbox"/> Carry Out			Mon. Dates:
<input type="checkbox"/> School	<input type="checkbox"/> Caterer	<input type="checkbox"/>	Change of Ownership***	Tue. Total # Seating
<input type="checkbox"/> Child Care	<input type="checkbox"/> Conv. Store	<input type="checkbox"/>	New Establishment***	Wed. Indoor: Outdoor:
<input type="checkbox"/> Continental Breakfast		<input type="checkbox"/>	Remodel***	Thu. Smoking
<input type="checkbox"/> Adult/Group Home		<small>***An additional plan review packet must be completed for new construction, remodels, and some changes of ownership</small>		Fri. <input type="checkbox"/> Prohibited <input type="checkbox"/> Allowed
<input type="checkbox"/> Other:				Sat. <input type="checkbox"/> Allowed w/ Restrictions

Health Department Use Only	<i>Date Rec'd</i>
Amount Paid \$ _____ Receipt # _____	
<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card _____ <input type="checkbox"/> Check # _____	
EHD: <input type="checkbox"/> Entered <input type="checkbox"/> Scanned <input type="checkbox"/> Payment OSS: _____	

Water & Waste Disposal		
*Water sample required prior to permit issuance	Water	Sewer
Public (Name)	<input type="checkbox"/>	<input type="checkbox"/>
Private (Type)	* <input type="checkbox"/>	<input type="checkbox"/>
Trash Disposal		

Food Preparation	
Does the establishment:	
1. Prepare, offer for sale, or serve “potentially hazardous food” (food that requires temperature control for safety – e.g. meats, cheeses, soups, pasta, cooked vegetables, sliced fruit, etc.)? a. Only to order upon a consumer’s request? b. In advance quantities? c. Using time as the public health control (i.e. not temperature controlled)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 (i.e. catering)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Prepare food as specified under (2) of this section for service solely to a “highly susceptible population” (i.e., the elderly, children, or those with weakened immune systems)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does not prepare, but offers for sale only prepackaged food that is not potentially hazardous?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Prepares only food that is not potentially hazardous?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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: _____ Title: _____

Print Name: _____ Date: _____