

# Commonwealth of Virginia



## Application for a Department of Health Foodservice Establishment Permit

*Stationary Foodservice Facility/Mobile or Push Cart Unit/Caterers*

Application for a:  New Establishment  Renewal  Name Change  Change of Owner

Name of establishment: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Physical location: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

*(Important for Product Recalls & Public Health Emergencies)*

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

Association, Corporation, Partnership name: \_\_\_\_\_

Names, titles & addresses of persons comprising the legal ownership (Attach list if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Local registered agent (if required):

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Person directly responsible for the establishment:

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Immediate supervisor of person directly responsible for the establishment:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

\_\_\_\_\_

Is the food establishment:  Smoke Free  Smoking Allowed in Restricted Area  Smoking w/no Restrictions

Is the food establishment: (check appropriate box)  Stationary  Mobile

If mobile, name & location of commissary: \_\_\_\_\_

Is the food establishment: (check appropriate box)  Permanent  Temporary (2 wks or less)  
 Seasonal (months of operation \_\_\_\_\_)

Type: Full Service  Fast Food  Take-out  Caterer  Hospital  School  Concession   
Other (please explain) \_\_\_\_\_

Hours of Operation: Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_  
Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

Does the establishment: (check Yes or No)

- (1) Prepare, offer for sale, or serve "*potentially hazardous food*" (food that requires temperature control for safety – meats, cheese, soups, sauces, pasta, cooked vegetables, sliced fruit, etc.):  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 (i.e., not temperature controlled):  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 (i.e., catering):  Yes  No
- (a) If yes, is catering:  Full Service  Limited
- (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

Number of seats: \_\_\_\_\_ Number of outdoor seating: \_\_\_\_\_

Water Supply: (check appropriate box)  Public – Name \_\_\_\_\_  Private – Type \_\_\_\_\_

Sewage: (check appropriate box)  Public – Name \_\_\_\_\_  Private – Type \_\_\_\_\_

**Please Complete Application In Its Entirety. Incomplete Applications May Not Be Accepted.  
Required Application Fee Must Be Submitted with Completed Application.**

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: \_\_\_\_\_