



# Commonwealth of Virginia

## Chesapeake Health Department

### Environmental Health

748 North Battlefield Boulevard  
Chesapeake, VA 23320  
(757) 382-8672 Fax (757) 382-8713

Office Records
Date Received _____
Plan Review _____
Annual Permit _____

#### Application For A Department of Health Mobile Unit Food Establishment Permit

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

Applicant's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of mobile unit: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax number: \_\_\_\_\_

Mobile unit physical location: \_\_\_\_\_

Mobile unit mailing address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Operation:  Year round  Seasonal: From \_\_\_\_\_ to \_\_\_\_\_

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

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

Names, titles & addresses of persons comprising the legal ownership:  Same as above

\_\_\_\_\_  
\_\_\_\_\_

Local registered agent (if required):

Person directly responsible for the mobile unit:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Immediate supervisor of person directly responsible for the mobile unit: \_\_\_\_\_

Please check the appropriate box for the following questions/statements:

Is the mobile unit:  A vehicle (truck, van)     Pull behind trailer     Push cart     Other

Name and address of Commissary: \_\_\_\_\_

Does the mobile establishment:

(1) Prepare, offer for sale, or serve potentially hazardous food (PHF) such as milk & milk products, poultry, tofu, baked or boiled potatoes, cooked rice, sliced tomatoes, shell eggs, fish, raw sprouts and seeds, cooked beans, meats-beef, pork, lamb, shellfish and crustacea, cut melons, soy-protein foods, and heated treated plant foods):  Yes     No

(a) Only to order upon a consumer's request:  Yes     No

(b) In advance quantities:  Yes     No

(c) Using time as a 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, offer for sale, or serve **only** non potentially hazardous food:  Yes     No

(4) Doesn't prepare but offers for sale **only** prepackaged non potentially hazardous food:  Yes     No

Water Supply:  Public- City \_\_\_\_\_  Private- Type & Test date \_\_\_\_\_

I/we attest to the accuracy of the information provided, affirm to comply with the Commonwealth of Virginia Board of Health Food Regulations 12 VAC 5-421, and allow the regulatory authority access to the mobile unit establishment at any reasonable time to inspect, conduct tests or collect samples as required.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

For Official Use	Permit ID _____	Census Tract _____
Date signed: _____	Environmental Health Specialist _____	
Date Issued: _____	Date Expired: _____	