Commonwealth of Virginia



Application for a Department of Health Foodservice Establishment Permit

Application for a :	New Establishment	enewal	□ Name Change □ Change of Owner			
Name of establishment:			Telephone:			
			ical location:			
Email Address:						
	(Important for Product Recalls & Pub.					
Establishment owner is		•	ation □Individual □Partnership □Other			
_	_					
Names, titles & address	es of persons comprising the le	garown	nership (Attach list if necessary):			
Billing Address:						
Local registered agent (if required):			Person directly responsible for the establishment:			
Name		Name	e			
Title		Title_				
Address		Addr	ress			
Telephone		Telep	phone			
Immediate supervisor of	person directly responsible fo	or the es	stablishment:			
Name		Title_				
Address			phone			

Is the food establishment: (check appro	opriate box)	☐ Stationary ☐ Mobile		
Is the food establishment: (check appr	opriate box)	☐ Permanent ☐ Seasonal (month)	☐ Temporary (2 wks or less) hs of operation)	
Type: Full Service ☐ Fast Food ☐ Tare Other (please explain)		=		
Hours of Operation: Sun Mon_	Tues	_ Wed Thurs_	Fri Sat	
Does the establishment: (check Yes or	No)			
(a) Only to order upon a c(b) In advance quantities:	ups, sauces, pasta consumer's reque Yes No	a, cooked vegetables, est: ☐ Yes ☐ No	that requires temperature control sliced fruit, etc.): Yes No controlled): Yes No	
(2) Prepare potentially hazardous more steps which may includ reheating, hot or cold holding	e combining pote	entially hazardous fo	od ingredients, cooking, cooling,	
(3) Prepare food as specified under food establishment where it is(a) If yes, is catering:		atering): \square Yes \square	No	
(4) Prepare food as specified under the elderly, pre-school aged cl			highly susceptible population" (i.e. the systems): \square Yes \square No	
(5) Does not prepare but offers for hazardous: ☐ Yes ☐ No	or sale only prepa	ackaged food that is n	ot potentially	
(6) Prepares only food that is not	potentially hazar	rdous: 🗆 Yes 🗆 No		
Number of seats: Numb	er of outdoor se	eating:		
Water Supply: (check appropriate box) □ Public – Nar	me	☐ Private – Type	
Sewage: (check appropriate box) □ Pu	ıblic – Name		_ □ Private – Type	
I/we attest to the accuracy of the informathe regulatory authority access to the esta samples as required.				
Signature:		Title:		
Print Name:		Date:		
For Official Use				
Approved for Permit	Environment	Health Spec.		
Date Signed: Environment		Health Spec.		
Date Issued:	Environment	Health Spec.		