

Commonwealth of Virginia



Application for A Department of Health Food Establishment Permit

Application for a: \_\_\_New Establishment \_\_\_Renewal \_\_\_Name Change \_\_\_Change of Owner

Application for a: \_\_\_Restaurant \_\_\_Bed & Breakfast \_\_\_Day Care \_\_\_Adult Home

Applicant Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

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

Establishment Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Physical Location: \_\_\_\_\_ Fax: \_\_\_\_\_

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

\_\_\_\_\_

Establishment Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Establishment Owner Address: \_\_\_\_\_

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

Establishment owner is a/an: \_\_\_Association \_\_\_Corporation \_\_\_Individual \_\_\_Partnership \_\_\_Other

Name, title, address & telephone number of persons comprising the legal ownership (Attach list if necessary):

\_\_\_\_\_

\_\_\_\_\_

Establishment Operator Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Establishment Operator Address: \_\_\_\_\_

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

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: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_

Will this be a: ( ) Stationary facility or ( ) Mobile Unit ?

**Will this facility (choose Yes or No):**

1. Prepare, offer for sale, or serve food that is moist, protein rich (i.e. meat, dairy, seafood, poultry):
  - a. Only when a customer orders the food? Yes / No
  - b. In large quantities to serve later? Yes / No
  - c. Place food out at normal room temperature for a set period of time? Yes / No
2. Offer food on the menu that takes two or more steps to process which could include thawing, cooking, freezing, re-heating, etc? Yes / No
3. Prepare food as in #2 for transport to a distant location? (catering) Yes / No
4. Prepare food only for children, the elderly, or persons who are immunocompromised? Yes / No
5. Prepare only food that is not moist, protein rich and does not promote bacteria growth? Yes / No

Seating Capacity: \_\_\_\_\_

Water Supply: Public Yes / No Private-Type(i.e. well)\_\_\_\_\_

Waste Water Handling: Public Yes / No Private-Type\_\_\_\_\_

I/we attest to the accuracy of the information provided, affirm to comply with the Commonwealth of Virginia 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: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use Only** Approved: Yes / No Date:\_\_\_\_\_ Initials:\_\_\_\_\_