Commonwealth of Virginia



Application for a Department of Health Foodservice Establishment Permit

| Name of establishment: Mailing address: Email Address: (Important for Product Recalls & Puter Stablishment owner is a/an: Association, Corporation, Partnership name: Names, titles & addresses of persons comprising the least of the stablishment of the stablishment. | Physical location: Physical location: Discrete Health Emergencies Orporation Individual Partnership Other |
|---|--|
| Email Address: (Important for Product Recalls & Put Establishment owner is a/an: Association Corporation, Partnership name: | Physical location: |
| Email Address: (Important for Product Recalls & Puter Stablishment owner is a/an: Association Corporation, Partnership name: | ablic Health Emergencies) orporation □ Individual □ Partnership □ Other |
| Email Address: (Important for Product Recalls & Put Establishment owner is a/an: Association Corporation, Partnership name: | orporation Individual Partnership Other |
| Establishment owner is a/an: Association Corporation, Partnership name: | orporation □ Individual □ Partnership □ Other |
| Association, Corporation, Partnership name: | |
| | |
| Names, titles & addresses of persons comprising the l | |
| | egal ownership (Attach list if necessary): |
| | |
| Billing Address: | |
| Local registered agent (if required): | Person directly responsible for the establishment |
| Name | Name |
| Title | Title |
| Address | Address |
| Telephone | Telephone |
| Immediate supervisor of person directly responsible f | for the establishment: |
| Name | |
| Address | Title |

| Is the food establishment: (check appropriate box) | [] Stationary [] Mobile |
|--|---|
| Is the food establishment: (check appropriate box) | [] Permanent [] Temporary (2 wks or less) [] Seasonal (months of operation) |
| Type: Full Service [] Fast Food [] Take-out [] Cater Other (please explain) | |
| Hours of Operation: Sun Mon Tues | Wed Thurs Fri Sat |
| Does the establishment: (check Yes or No) | |
| for safety – meats, cheese, soups, sauces, pasta (a) Only to order upon a consumer's reque (b) In advance quantities: [] Yes [] No | azardous food" (food that requires temperature control a, cooked vegetables, sliced fruit, etc.): [] Yes [] No est: [] Yes [] No (i.e., not temperature controlled): [] Yes [] No |
| • | using a food preparation method that involves two or entially hazardous food ingredients, cooking, cooling, wing: [] Yes [] No |
| (3) Prepare food as specified under (2) for deliver food establishment where it is prepared (i.e., case) (a) If yes, is catering: [] Full Service | |
| (4) Prepare food as specified under (2) of this sect population" (i.e., the elderly, children, or those | tion for service to a "highly susceptible e with weakened immune systems): [] Yes [] No |
| (5) Does not prepare but offers for sale only prepa hazardous: [] Yes [] No | ackaged food that is not potentially |
| (6) Prepares only food that is not potentially hazar | rdous: [] Yes [] No |
| Number of seats: Number of outdoor se | eating: |
| Water Supply: (check appropriate box) [] Public – Nat | me [] Private – Type |
| Sewage : (check appropriate box) [] Public – Name | [] Private – Type |
| I/we attest to the accuracy of the information provided, af the regulatory authority access to the establishment at any samples as required. | |
| Signature: | Title: |
| Print Name: | Date: |
| For Official Use | |
| Approved for Permit Environmenta | al Health Spec |
| Date Signed: Environmenta | al Health Spec. |
| Date Issued: Environmenta | al Health Spec |