



Application for a Virginia Department of Health Foodservice Establishment Permit

Annual Permit Fee: \$40.00

Section 1: Foodservice Permit Application Type

- New* Renewal Change of Name Change of Ownership* Remodel*

*If New, Change of Owner, or Remodel is selected above a Plan Review Application may be required with your Permit Application

Section 2: Establishment Information

Establishment Name:

Establishment Physical Address or Vehicle Identification Number (VIN) (if applicable):

Establishment Phone Number:

Establishment Email Address:

Establishment Website Address:

Commissary Name & Address (if applicable):

Section 3: Owner/Business Contact Information

A. Ownership/Business Information

Food Service Establishment Owner is a/an: Individual Sole Proprietorship Partnership

Corporation Limited Liability Company Business Trust Nonprofit Other

Registered Business name(s) and/or ID number:

Corporations, limited liability company, and other business types must register with the VA State Corporation Commission to do business in the Commonwealth of Virginia. Contact the SCC's office (Toll free: 1-866-722-2551 or Call Center (804) 371-9733) for information about obtaining a business entity ID, or Registered Agent requirements.

Owner(s) Name(s):

Owner/Business Address(s):

Owner/Business Phone: Cell:

Home:

Business:

Owner/Business Email(s):

Contact Preference: Phone or Email

This form contains identifying information subject to disclosure per the Virginia Freedom of Information Act (Virginia Code § 2.2-3700 et seq.) Revised.2025



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B. Billing Information

Billing Contact Name:

Billing Address:

Billing Phone:

Billing Email:

Do you authorize VDH to email billing invoices to the billing email address? Yes or No

C. Certified Food Protection Manager (CFPM) Information (if applicable)

Does the establishment have someone with a Certified Food Protection Manager Certificate (CFPM)? Yes or No

If yes, attach a copy of the certificate (Section 5)

Section 4: Establishment & Operation Details

A. Establishment Details

Type of Establishment: Full-Service Restaurant Fast Food Caterer Carry Out
 Continental Breakfast Convenience Store Food Service Correctional Facility
 Mobile Unit Commissary Educational Facility Food Service Hospital Food Service
 Child Care Food Service Long Term Care and Other Custodial Living Centers
 Summer Camp Food Service Vending Other Describe:

Indoor Seating Capacity (# of seats):

Outdoor Seating Capacity (# of seats):

Water Supply: Public, Public Water System Name and/or ID# (PWSID):

Private, attach water sample results for nitrate and total coliform (Section 5)

Sewage Disposal: Public, Approved Public Facility Name:

Private, attach a copy of the system operation permit (Section 5)

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Grease Removal: Interior Trap Exterior Trap None Other

Solid Waste: Public Commercial - Pickup Frequency:

Smoking Status: Smoke-Free Designated Area Outdoor Area Exempt

Do you have a written employee health policy? Yes No

If yes, attach a copy of the employee health policy (Section 5)

B. Hours of Operation Details

Month(s) of Operation (Select months):

January	April	July	October
February	May	August	November
March	June	September	December

Days and Hours of Operation:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

C. Food Operation Process:

Review the food processes below and select the one that best describes the most complex food item prepared at your establishment:

No Cook Step:

- Receive > Store > Prepare > Hold > Serve

Food Preparation for Same Day Service:

- Receive > Store > Prepare > Cook > Hold > Serve
- Ambient cooling allowed

Complex Food Preparation:

- Receive > Store > Prepare > Cook > Cool > Reheat > Hot Hold > Serve



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Check all that apply to your establishment:

Establishments Serving a Highly Susceptible Population:

- Includes preschools, hospitals, nursing homes

(Note: This does not apply to childcare or custodial facilities that only reheat commercially processed, ready-to-eat TCS** food for immediate service. **"Time/temperature control for safety food" or "TCS food" means a food that requires time/temperature control for safety to limit pathogenic microorganism growth or toxin formation.

Establishments Conducting Specialized Processes:

- Includes activities such as smoking, curing and reduced oxygen packaging for extended shelf-life

Section 5: Attachments (if applicable)

- Current Menu
- Certified Food Protection Manager Certificate (CFPM)
- Commissary Agreement
- Written Employee Health Policy
- Private Sewage Disposal System Operation Permit
- Private Well Water sample results (Nitrate and total coliform)
- Other

Section 6: Applicant Certification

I/we attest to the accuracy of the information provided, affirm to comply with the 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.

Print Name:

Signature:

Title:

Date:

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