VDH VIRGINIA DEPARTMENT OF HEALTH

Application for a Virginia Department of Health Foodservice Establishment Permit
(eff. 10/2026)

Annual Permit Fee: $40.00

Section 1: Establishment Information

Type of Application:

☐ 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

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:

Establishment Name: _____

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

_____

Phone Number: _____

Email Address: _____Website Address: _____

Section 2: 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

B. Billing Information

Billing Contact Name: _____

Billing Address: _____

Billing Phone: _____

Billing Email: _____

Do you authorize VDH to send invoicing via email? ☐ Yes or ☐ No

Section 3: Establishment & Operation Details

Water Supply:

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

☐ Private, attach water sample results for nitrate and total coliform (Section 6)

Sewage Disposal:

☐ Public, Approved Public Facility Name: _____

☐ Private, attach a copy of the system operation permit (Section 6)

Hours of Operation Details

Month(s) of Operation (Circle months below):

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Day(s) of Operation (Circle days below):

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Hours of Operation:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Section 4: Food Applications

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

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

If yes, attach a copy of the certificate (Section 6)

B. Establishment Details:

Does this food establishment offer catering? ☐ Yes or ☐ No

Does your food establishment offer a commissary services to others? ☐ Yes or ☐ No

Does your food establishment use a commissary? ☐ Yes or ☐ No

Commissary Name & Address (if applicable): _____

Maximum Seating Capacity (both indoor and outdoor seating): _____

Smoking Status: ☐ Smoke-Free ☐ Designated Area ☐ Outdoor Area ☐ Exempt

Wastewater Grease/Oil Removal: ☐ Interior Trap ☐ Exterior Trap ☐ None ☐ Other

Trash Removal: ☐ Public ☐ Commercial - Pickup Frequency: _____

Do you have a written employee health policy? ☐ Yes ☐ No

If yes, attach a copy of the employee health policy (Section 6)

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

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: 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: _____

Section 6: 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