



# ALEXANDRIA HEALTH DEPARTMENT

## Environmental Health Division

4480 King Street, Room 360

Alexandria, VA 22302

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[www.alexandriava.gov/EnvironmentalHealth](http://www.alexandriava.gov/EnvironmentalHealth)

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Health Director

### **ESTABLISHMENT PERMIT APPLICATION**

Application for:  New Establishment  Renewal  Update Information

Change of Ownership (Estimated Date of Settlement \_\_\_\_\_)  
(Previous Establishment Name: \_\_\_\_\_)

Permit for:  Food Establishment - # of Seats \_\_\_\_\_  Seasonal Pool/Spa  Year-Round Pool/Spa

Mobile Food Establishment  Other \_\_\_\_\_

### **ESTABLISHMENT INFORMATION**

Establishment Name (Trading as): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Onsite Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address for Correspondence (if different from establishment address): \_\_\_\_\_

Billing Address for Permit Renewal (if different from establishment address): \_\_\_\_\_

### **OPERATION INFORMATION**

Months of Operation:  All  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

Hours of Operation:

	Mon	Tue	Wed	Thr	Fri	Sat	Sun
Open							
Close							

### **MANAGER/CONTACT INFORMATION**

Contact Person Name: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Do you wish to opt out of Email communication? *This may include Newsletters, Legislation Changes, Etc.*  Yes

### **ESTABLISHMENT OWNER INFORMATION**

Legal Owner type:  Association  Corporation  LLC  Individual  Partnership  Other

**Association, Corporation, Partnership Name:** \_\_\_\_\_

[Virginia State Corporation ID#:](#) \_\_\_\_\_ EIN: \_\_\_\_\_

Legal Owner Name: \_\_\_\_\_ Legal Owner Phone #: \_\_\_\_\_

Legal Owner Mailing Address: \_\_\_\_\_

**Corporations, limited liability corporations (LLCs), and other entities must register with the [VA State Corporation Commission](#) to do business in the State of Virginia. Contact the SCC's office (in state-toll free 1.866.722.2551 or 1.804.371.9733) for information about this, state corporation ID #, or Registered Agent requirements.**

I/We attest to the accuracy of the information provided, agree to comply with applicable city and state ordinances and regulations and will allow the regulatory authority access to the establishment during any reasonable time to inspect, conduct tests or collect samples as required.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name (printed): \_\_\_\_\_

APPLICATION AND/OR PERMIT  
FEES ARE **NON-REFUNDABLE**



Return this completed application and  
fees to the address listed above.

**OFFICE USE ONLY**

**PAGE 2 TO BE COMPLETED BY HEALTH DEPARTMENT**

**ESTABLISHMENT DATA**

Tax Map: \_\_\_\_\_ EHD Physical Location Name (if different from Establishment): \_\_\_\_\_

Date Closed in Plan Review Database: \_\_\_\_\_ Closed by: \_\_\_\_\_

Permit Conditions: \_\_\_\_\_

Permit Application Date: \_\_\_\_\_ Permit Fee Paid Date: \_\_\_\_\_

Recommended for Permit by: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Date File Created in EHD: \_\_\_\_\_ Permit Issue Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**FOOD ESTABLISHMENT DATA**

Smoke Free:  Yes  No (If no, submit smoking survey with application.)

FPM Type Required:  Standard  Exemption

Establishment Operation:  Year Round  Seasonal

Establishment Sub-Type:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Adult Care Home                        | <input type="checkbox"/> Jail                          | <input type="checkbox"/> Other Food Service             |
| <input type="checkbox"/> Adult Day Care                         | <input type="checkbox"/> Mobile Food Vendor            | <input type="checkbox"/> Bakery                         |
| <input type="checkbox"/> Carry-Out Only                         | VIN #: _____   | <input type="checkbox"/> Convenience Store (LOCAL)      |
| <input type="checkbox"/> Caterer                                | License Plate Tag: _____                               | <input type="checkbox"/> Grocery Store – Bakery         |
| <input type="checkbox"/> Child Care                             | <input type="checkbox"/> Nursing Home                  | <input type="checkbox"/> Grocery Store – Deli           |
| <input type="checkbox"/> Commissary                             | <input type="checkbox"/> Private College               | <input type="checkbox"/> Grocery Store – Grocery        |
| <input type="checkbox"/> Dept. of Juvenile Justice Food Service | <input type="checkbox"/> Private Elementary School     | <input type="checkbox"/> Grocery Store – Meat & Poultry |
| <input type="checkbox"/> Fast Food Restaurant                   | <input type="checkbox"/> Private Middle or High School | <input type="checkbox"/> Grocery Store – Seafood        |
| <input type="checkbox"/> Full Service Restaurant                | <input type="checkbox"/> Public Elementary School      | <input type="checkbox"/> Vending Machine                |
| <input type="checkbox"/> Group Home (STATE)                     | <input type="checkbox"/> Public Middle or High School  | <input type="checkbox"/> Other _____                    |
| <input type="checkbox"/> Hospital                               | <input type="checkbox"/> State College                 |   |
| <input type="checkbox"/> Hotel Continental Breakfast            | <input type="checkbox"/> State Institution             |   |

Modified VENIS Priority Assessment Tool

**Risk Category :**  1  2  3  4

**Grease Trap:**  Interior  Exterior  None  Other

**New Establishment Adjustment:**  Yes  No

Water Supply:  Public – Virginia American Water Company  Public – Washington Aqueduct Division  Other

Sewage:  Public – Alexandria Sewage Plant  Other \_\_\_\_\_