ALEXANDRIA HEALTH DEPARTMENT

Environmental Health Division
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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**

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

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:

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

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 _____