



# ALEXANDRIA HEALTH DEPARTMENT

## Environmental Health Division

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Health Director

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

## ESTABLISHMENT PERMIT APPLICATION

(Updated: May 2012)

Application for:  New Facility  Renewal  Update Information  
 Change of Ownership (Estimated Date of Settlement \_\_\_\_\_)  
(Previous Facility Name: \_\_\_\_\_)

Permit for:  Food Establishment - # of Seats \_\_\_\_\_  Seasonal Pool/Spa  Year-Round Pool/Spa  
 Hotel/Motel - # of Rooms \_\_\_\_\_  Bed & Breakfast - # of Rooms \_\_\_\_\_  
 Personal Services (not massage)  Other \_\_\_\_\_

### FACILITY INFORMATION

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

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

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

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

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

### OPERATION INFORMATION

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

Hours of Operation:

	Sun	Mon	Tue	Wed	Thr	Fri	Sat
Open							
Close							

### FACILITY CONTACT INFORMATION

Facility Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

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

### FACILITY OWNER INFORMATION

Legal Owner type:  Association  Corporation  LLC  Individual  Partnership  Other Legal Entity

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

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

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

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

Registered Agent (if required): \_\_\_\_\_

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 facility 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, fees, and a copy of your business license (or application) to the address listed above.

**OFFICE USE ONLY**

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

**FACILITY DATA**

Tax Map: \_\_\_\_\_ VENIS Physical Location Name (if different from Facility): \_\_\_\_\_

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 VENIS: \_\_\_\_\_ Permit Issue Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**FOOD FACILITY DATE**

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

CFM Type Required:  Full  Limited

Facility Operation:  Year Round  Seasonal

Facility Sub-Type:

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

Modified VENIS Priority Assessment Tool

**Are Process (HACCP) Type 1 foods prepared?**  Yes  No  
(VENIS - Are PHFs (TCS foods) served?)

**Are Process (HACCP) Type 2 foods prepared?**  Yes  No  
(VENIS - Are PHFs (TCS foods) prepared from raw, non-frozen ingredients?)

**Are Process (HACCP) Type 3 (complex) foods prepared?**  Yes  No  
(VENIS - Are PHFs (TCS foods) cooked, cooled, and reheated?)

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

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