



Commonwealth of Virginia



Serving the People of:
Alleghany County
Botetourt County
Craig County
Roanoke County
City of Covington
City of Roanoke
City of Salem

Alleghany/Roanoke City Health Districts
Environmental Health Division

July 1 2010

Application for a Food Facility Health Department Permit

Type or print legibly. Complete accurately and thoroughly all information requested on this application, or it may be returned to you. Complete all phone numbers, mobile phone numbers, email addresses, fax numbers [if available], city, state, and zip codes. Failure to do so may delay the issuance of your health department food facility permit. Submit the Virginia Permit Fee of \$285 along with this application. Items in brackets [] are for health department identification purposes. If you have questions concerning this application, please contact the appropriate health department checked on the back of this application.

Note: The Commonwealth of Virginia, Board of Health, Food Regulations, 12 VAC 5-421-3670. States... "An applicant shall submit an application for a permit at least 30 calendar days before the date planned for opening a food establishment or the expiration date of the current permit for an existing facility."

Proposed Opening Date: _____

Application for a: New Establishment Annual Renewal Name Change Change of Owner
 Re-Open Existing Establishment

Name of Food Facility: _____
(As printed on permit)

Physical Address of Food Facility: _____

Mailing Address for Permit: _____

Phone Number of Food Facility: _____ Email: _____ Fax: _____
(This is posted on the Internet)

Billing Address for Food Facility: _____

District Locality: Roanoke City Roanoke County Salem City Botetourt County
 Alleghany County Covington Clifton Forge Craig County

The following items must accompany your permit application before it will be accepted and processed.

- Floor plans for new, very old, or remodeled facilities.
- Plan Review Form for new or remodeled facilities, with \$75 Plan Review Fee Payment.
- COMPLETED Application for a Health Department Food Facility Permit with \$100 Permit Fee Payment
- Copy of proposed Menu and complete attached Menu Review Form
- Copy of Legal Ownership List
- Apply for a Certificate of Occupancy with the local building department if a new building or change of use.

Legal Owner Type: Corporation Government Organization Limited Partnership
 Religious Organization Society Sole Proprietorship

(If ownership is other than a Sole Proprietorship, fill in the name of Corporation, Government Organization, Limited, Partnership, Religious Organization, or Society below.)

Legal Ownership Name: _____
(This is printed on the permit and should be the same as your Business License)

Mailing Address: _____

Phone: _____ Email: _____ Fax: _____

Legal Owner's Contact Name: _____ Title: _____
(This must be a person's name)

Mailing Address: _____

Phone: _____ Mobile Phone: _____ Email: _____ Fax: _____

If legal ownership is other than a Sole Proprietorship, attach a list of names, titles, phone numbers, and addresses of all persons comprising the legal ownership to this application. Complete Registered Agent information below if required. Staple attachment to this Application.

Legal Owner's Local Registered Agent [**Registered Agent**] (if required - out of state corporations **must** identify registered agent for Virginia):

Name: _____ Title: _____

Mailing Address: _____

Phone: _____ Mobile Phone: _____ Email: _____ Fax: _____

Person directly responsible for Food Facility [**Facility Contact**]:

Name: _____ Title: _____

Phone: _____ Mobile Phone: _____ Email: _____ Fax: _____

Immediate supervisor of person directly responsible for the food facility [**Owner's Agent**]:

Name: _____ Title: _____

Mailing Address: _____

Phone: _____ Mobile Phone: _____ Email: _____ Fax: _____

Facility Manager Contact Name [**Facility Manager**]: _____

Phone: _____ Mobile Phone: _____ Email: _____ Fax: _____

Type of Food Facility: Adult Care Home Adult Day Care Bed & Breakfast Carry-Out
 Caterer Child Care Commissary Convenience Store Fast Food Full Service
 Full Service/Caterer Grocery Store Group Home Hospital Hotel Continental Breakfast
 Jail Mobile Unit Nursing Home Other If Other, Explain: _____ Private College
 Private Elementary Private Middle/High School Seasonal Fast Food Seasonal Full Service
 State College State Institution Summer Camp

Does this food facility provide servers for customers (waiters or waitresses)? Yes No

Type of Water Supply: Public Private, if private, source: _____

- If water system is private, please attach a copy of the Final Record of Inspection and an Acceptable Water Sample for the Well.

Type of Sewage Disposal: Public Private, if private, explain: _____

- If sewage disposal system is private, please attach a copy of the Operation Permit showing the location of the system.

Customer Seating Capacity: _____ Smoking or Non-Smoking Facility

Attach a proposed or existing menu to this application. Staple Menu to this Application.

Answer the following questions concerning your food facility. Does your food facility:

	Yes	No
(1) Prepare, offer for sale, or serve potentially hazardous food		
(a) Only to order upon a consumer's request	<input type="checkbox"/>	<input type="checkbox"/>
(b) In advance in quantities based on projected consumer demand and discard food that is not sold or served at an approved frequency, or	<input type="checkbox"/>	<input type="checkbox"/>
(c) Use time as the public health control as specified under 12 VAC 5-421-850	<input type="checkbox"/>	<input type="checkbox"/>
(2) Prepare potentially hazardous food in advance using a food preparation method that involves two or more steps which may include combining potentially hazardous ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing	<input type="checkbox"/>	<input type="checkbox"/>
(3) Prepare food as specified under subdivision 3 B (2) of this section for delivery to and consumption at a location off the premises of the food establishment where it is prepared	<input type="checkbox"/>	<input type="checkbox"/>
(4) Prepare food as specified under subdivision 3 b (2) of this section for service to a highly susceptible population	<input type="checkbox"/>	<input type="checkbox"/>
(5) Prepare only food that is not potentially hazardous	<input type="checkbox"/>	<input type="checkbox"/>
(6) Does not prepare, but offers for sale only prepackaged food that is not potentially hazardous	<input type="checkbox"/>	<input type="checkbox"/>

I/We attest to the accuracy of the information provided, affirm to comply with the Food Regulations, allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required, and agree to accept notices issued and served by the regulatory authority.

I/We also understand this Health Department Food Facility Permit is not transferable from one person to another or from one corporation to another. If any information listed above, or attached, changes concerning the name of establishment, location, owner or corporation, the Health Department Food Facility Permit automatically becomes void. The Health Department is to be notified immediately of any such changes.

Applicant's Name: _____ Title: _____

Mailing Address: _____

Phone: _____ Email: _____ Fax: _____

Signature: _____ Date: _____

After completing this application, return it with all requested attachments and payment to the appropriate health department checked below.

If you prefer to make payment by Credit Card, please complete the following information or call this office at (540) 204-9764.

Type of Credit Card: Visa _____ MasterCard _____ Account# _____

Expiration Date: _____ Name & Address on Card: _____

Signature: _____

For Office Use

Received by: Mail _____ In Person _____ Other _____ Check or Money Order # _____

State Receipt (ADM 1304)# _____ Accepted By: _____ Date: _____

Roanoke Health Department or
(The Roanoke Health Department covers the City of Roanoke & Salem, Counties of
Roanoke and Craig)
1502 Williamson Rd NE, 2nd Floor, Roanoke VA 24012
Phone: (540) 204-9764
Fax: (540) 857-7315

Botetourt County Health Department
POB 220 Fincastle VA 24090
Phone: (540) 473-8240 Ext 123
Fax: (540) 473-8242

Alleghany/Covington Health Department
(Also covers Clifton Forge area)
POB 747 Covington VA 24426
Phone: (540) 962-2173 Ext 17
Fax: (540) 962-8353