

# Commonwealth of Virginia



## Application for a Department of Health Foodservice Establishment Permit

Application for a:  New Establishment  Renewal  Name Change  Change of Owner

Name of establishment: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Physical location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

*( Important for Product Recalls & Public Health Emergencies )*

Establishment owner is a/an:  Association  Corporation  Individual  Partnership  Other

Association, Corporation, Partnership name: \_\_\_\_\_

Names, titles & addresses of persons comprising the legal ownership (Attach list if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Local registered agent (if required):

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Person directly responsible for the establishment:

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Immediate supervisor of person directly responsible for the establishment:

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

\_\_\_\_\_

