

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 _____
