

## FOOD ESTABLISHMENT LICENSE APPLICATION

Please print or type the information requested below. Return completed application and \$40 processing fee to the address listed above.

Application Type (check one):	<input type="checkbox"/> New	<input type="checkbox"/> License Renewal	<input type="checkbox"/> Name Change	<input type="checkbox"/> Change-of-Owner
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<b>PART A:</b>	
<b>DOING BUSINESS AS/FACILITY INFORMATION</b>	<b>OWNERSHIP TYPE</b>
Name _____	<input type="checkbox"/> Owner/Proprietor
Street Address _____	<input type="checkbox"/> Partnership
Arlington, VA      Zip Code _____	<input type="checkbox"/> Corporation (if checked, fill out information below)
Phone _____	Corporation/LLC Name _____
Fax _____	Street Address _____
<i>(Important for Product Recalls &amp; Public Health Emergencies)</i>	City, State, Zip Code _____
E-mail _____	Fax _____
<i>(Important for Product Recalls &amp; Public Health Emergencies)</i>	E-mail _____
Website _____	<input type="checkbox"/> Other _____
<b>OWNER INFORMATION</b>	
<b>Owner</b>	<b>Co-Owner</b>
Name _____	Name _____
Street Address _____	Street Address _____
City, State, Zip Code _____	City, State, Zip Code _____
Phone _____	Phone _____
Fax _____	Fax _____
E-mail _____	E-mail _____

**PART B:**

**SEATING**

What is your indoor seating capacity? \_\_\_\_\_

What is your outdoor seating capacity? \_\_\_\_\_

**DAYS AND HOURS OF OPERATION**

Sunday	Open: _____ am/pm	Close: _____ am/pm
Monday	Open: _____ am/pm	Close: _____ am/pm
Tuesday	Open: _____ am/pm	Close: _____ am/pm
Wednesday	Open: _____ am/pm	Close: _____ am/pm
Thursday	Open: _____ am/pm	Close: _____ am/pm
Friday	Open: _____ am/pm	Close: _____ am/pm
Saturday	Open: _____ am/pm	Close: _____ am/pm

**SMOKING STATUS (CHECK ONE)**

- Smoke free** (smoking is not permitted anywhere)
- Outdoor smoking area**
- Smoking in designated areas**
- Exempt**

**By signing this statement you attest to the accuracy of the information provided in the application, agree that you will comply with the Arlington County Code, Chapter 9.2 (Food and Food Handling), and allow the regulatory authority access to the establishment.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (printed) \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

**Official Internal County Use Only**

Receipt#: \_\_\_\_\_

Posted: \_\_\_\_\_