



# County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County.

## Application for Permit to Operate a Food Service Establishment

Please print or type the information requested below and return the completed application, a copy of your business license, and permit fee of **\$285** to the address listed below. The establishment's name and owner's name must be the same as recorded on the County Business License. If you have any questions regarding the permit process, please call 703-246-2444. Please note that Change-of-Ownership must take place within 60 days of the application, otherwise, the application will become null and void.

Plans, specifications, and plan review fees of **\$345** for new establishment, remodeling or alterations must be submitted to the Health Department in duplicate for review and approval before any work may be done. If any existing equipment is to be replaced or new equipment installed, you must submit the manufacturer's name and model number for approval before installation. For more information on plan review, please call at 703-246-2510.

**Payment Options:** Cash, check or credit card. Checks payable to the County of Fairfax. **All fees are non-refundable.**

**Application applied for:**  New Establishment  Mobile  Renewal  Name Change  Change-of-Ownership

### Food Establishment Information

Facility Name: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mailing Address (if different from location address): \_\_\_\_\_

Billing Address (if different from location address): \_\_\_\_\_

If change of ownership or name, previous facility name: \_\_\_\_\_

### Facility Contact Information

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

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Facility Owner Information

Legal Owner type:  Association  Corporation  Individual  Partnership  Other Legal Entity

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

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

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

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

Registered Agent Address: \_\_\_\_\_

**\*The Registered Agent acts as the Agent for the Corporation to receive service of process and must have an established registered office on file with the State Corporation Commission (In state-toll free 1-866-722-2551) or (1-804-371-9733), located within the State where mailings can be received. A Registered Agent must be a resident of Virginia and must be at least one of the following: a) an officer of the corporation; b) a member of the board of directors; c) a member of the Virginia State Bar; d) a legal corporation licensed to practice law in the State of Virginia.**

### Fairfax County Health Department

Division of Environmental Health

Food Safety Section

10777 Main Street, Suite 111, Fairfax, VA 22030

Phone: 703-246-2444 TTY: 711 Fax: 703-385-9568

www.fairfaxcounty.gov/hd



Hours of Operation: Open: \_\_\_\_\_ AM PM Close: \_\_\_\_\_ AM PM

Days of Operation: (Circle) S M T W Th F Sa

Total number of seats: \_\_\_\_\_ Total # of seats set aside for non-smokers: \_\_\_\_\_

Totally smoke-free facility:  Yes  No

Water Supply:  Public - \_\_\_\_\_  Other: \_\_\_\_\_

Sewage:  Public - \_\_\_\_\_  Other: \_\_\_\_\_

What language would you like to see your quarterly newsletter translated into? \_\_\_\_\_

I/We attest to the accuracy of the information provided, affirm to comply with the Food Regulations and will allow the regulatory authority access to the establishment during any reasonable time to inspect, conduct tests or collect samples as required.

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Applicants Name (printed): \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**OFFICE USE ONLY**

CFM Type Required: Full  Limited

Is the Food Establishment: (check appropriate box)  Stationary/Fixed  Mobile

Is the Food Establishment: (check appropriate box)  Year round  Seasonal

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

Does the establishment: (check yes or no)

- 1. Prepare, offer for sale, or serve potentially hazardous food?  Yes  No
- 2. Prepare potentially hazardous food from raw, non-frozen ingredients?  Yes  No
- 3. Are potentially hazardous foods cooked, cooled and reheated?  Yes  No
- 4. Prepare food for service to a highly susceptible population.  Yes  No

**Magisterial District:** (circle) Fairfax City Falls Church City Braddock Dranesville Sully Town of Herndon  
Town of Vienna Mason Hunter Mill Mt. Vernon Lee Springfield Providence

**Tax Map Grid:** \_\_\_\_\_ **Assigned EHS Area:** \_\_\_\_\_

**Facility Type:** (circle)

Adult Care Homes Adult Day Care Carryout Caterer Childcare Commissary Continental Breakfast  
Fast Food Restaurant Full Service Restaurant Hospital Jail Mobile Nursing Home  
Private Elementary School Private Middle/High School Public Elementary School Public Middle/High School  
Seasonal Fast Food Restaurant Seasonal Full Service Restaurant OTHER \_\_\_\_\_

**Permit Conditions:** \_\_\_\_\_

**File Active Date:** \_\_\_\_\_ **Permit Issue Date:** \_\_\_\_\_

**Application Fee Paid:**  Yes **Preliminary Pre-opening Fee Paid:**  Yes

**License #:** \_\_\_\_\_ **Entered by/date:** \_\_\_\_\_

**Healthspace entered by/date:** \_\_\_\_\_ **Risk Value entered by/date:** \_\_\_\_\_