



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, non-refundable fee of \$100, and a copy of your business license to the address listed above. The establishment name and owner's name must be the same as recorded on the establishment's business license. Call (703) 246-2444 for information regarding the establishment's permit. Please note that Change-of-Ownership must take place within 60 days of the application, otherwise, the application will become null and void.

Application fees are non-refundable.

Plans and specifications for remodeling or alteration must be submitted to the Health Department in duplicate for review and approval before any work can be done. A fee of \$275 is required for plan review. 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.

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

ONLY IF THE PHYSICAL LOCATION IS SHARED WITH OTHER FACILITIES SUCH AS IN A MALL, HOTEL OR APARTMENT COMPLEX SUCH AS: TYSON'S CORNER MALL, SPRINGFIELD MALL, HILTON HOTEL, PLEASE FILL OUT THIS SECTION.	
Location Common Name:	<u>OPEN KITCHEN, LLC</u>
Location Owner Mailing Address:	<u>7115 Leesburg Pick, Suite 107, Falls Church, VA 22043</u>
Location Owner Contact Name:	<u>Hue-Chan Karels</u> Location Owner Phone Number: <u>202-285-9840</u>

Facility Information *To be completed with applicant 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 *To be completed with applicant information*

Facility Contact Person: _____ Position: _____

Telephone #: _____ Fax #: _____ Cell #: _____

E-mail address: _____

Facility Owner Information *To be completed with applicant 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



To be completed with applicant information

Hours of Operation: Open: _____ AM PM Close: _____ AM PM

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

Total number of seats: N/A Total # of seats set aside for non-smokers: N/A

Totally smoke-free facility: Yes No

Water Supply: Public - Public Other: _____

Sewage: Public - 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. *To be completed with applicant information*

Applicants Signature: _____ Date: _____

Applicants Name (printed): _____ Phone: _____

Mailing Address: _____

Official 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

 a. Only to order upon a consumer request Yes No

 b. In advance quantities Yes No

 c. Using time as a public health control 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
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:** _____

Fee Paid: Yes No **Receipt #:** _____

License #: _____ **FIDO Entered by/date:** _____

HealthSpace Entered by/date: _____ **Risk Value Entered by/date:** _____