County of Fairfax, Virginia



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

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 To be completed with applicant information Facility Name: Client Business Name (@Open Kitchen) Telephone #: Address: _____ 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: Fax Cell #: Telephone #: E-mail address: Facility Owner Information To be completed with applicant information Corporation Legal Owner type: Association Individual Partnership Other Legal Entity Association, Corporation, Partnership Name: Legal Owner Name: Legal Owner Phone #: Legal Owner Mailing Address: Registered Agent (if required)

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	M PM Close:	AM PM
Days of Operation: (Circle) S M T W Th	h F Sa	
Total number of seats:N/A Total # of seats	s set aside for non-sm	nokers: <i>N/A</i>
Totally smoke-free facility: Yes No		
Water Supply: PublicPublic		Other:
Sewage: PublicPublic	Other:	
What language would you like to see your quarterly newsletter translated into?		
I/We attest to the accuracy of the information provided regulatory authority access to the establishment during required. <i>To be completed with applicant information</i>	any reasonable time	
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 hazardot	us food?	Yes No
2. Prepare potentially hazardous food from raw, non-f	rozen ingredients?	Yes No
3. Are potentially hazardous foods cooked, cooled and	l reheated?	Yes No
4. Prepare food for service to a highly susceptible pop	oulation.	Yes No
	Mill Mt. Vernor	n Lee Springfield Providence
Facility Type: (circle)	ed EHS Area:	
Adult Care Homes Adult Day Care Carryout Fast Food Restaurant Full Service Restaurant Ho	spital Jail Mob	ile Nursing Home
Private Elementary School Private Middle/High Sc Seasonal Fast Food Restaurant Seasonal Full Service	chool Public Elen e Restaurant OTH	nentary School Public Middle/High School ER
Permit Conditions:		
File Active Date:		
Application Fee Paid: Yes	Preliminary Pre-o	opening Fee Paid: Yes
License #: Entered by/date:		
Healthspace entered by/date:		