



Loudoun County Health Department

1 Harrison Street, S.E., Leesburg VA 20177, 2nd floor

Mailing address: P.O. Box 7000, MSC #68, Leesburg VA 20177-7000

Application for a Food Establishment Permit

Restaurant Hotel/B&B School/Day Care Short/Long Term Care Facility Other _____

Renewal ONLY - Due Annually

Facility Name _____	Phone _____
Facility Address _____	City _____ Zip _____
Number of seats _____	Smoking Status: Smoke free Smoking in restricted area Outside only

Legal Owner _____ (i.e. LLC, Inc.)	Phone _____
Owner Address _____	City _____ State _____ Zip _____
Contact Name _____	Phone _____ Email _____
Billing Address _____	City _____ State _____ Zip _____

Water: Public (Municipal) or Private (Well) Sewage: Public (Municipal) or Private (Septic)

FOOD HANDLING PROCEDURES - Does Establishment: (Check Yes or No):

(1). yes no - Prepare, offer for sale, or serve **potentially hazardous food (PHF) /Time Temperature Control for Safety Food (TCS)**: - *i.e. food that requires temperature control for safety such as meats, cheese, soups, cooked vegetables, rice, cooked pasta/pasta, sliced raw fruits, etc.*

 a. yes no - Only to order upon a consumer's request – *i.e. cook when ordered*

 b. yes no - In advance in quantities – *i.e. cook and hold cold/hot until ordered*

 c. yes no - Using time as the public health control: – *i.e. not using cold/hot temperature control*

(2). yes no - Prepares PHF/TCS food in advance using a food preparation method that involves two or more steps which may include combining PHF/TCS ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing

(3). yes no - Prepares food as specified under subdivision (2) for delivery to and consumption at a location off premises of the food establishment where it is prepared – *i.e. catering*

(4). yes no - Prepares food as specified under subdivision (2) for service to a highly susceptible population (Elderly, children, or those with weakened immune systems) – *i.e. hospital, childcare, nursing home, adult care, etc.*

(5). yes no - Prepares only food that is not PHF/TCS – *i.e. baked goods, snack items*

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

Signature _____

Date _____

Print Name _____

Fee \$40 - Cash or Check Payable to VDH

Title _____

revised 7/2018