

VIRGINIA DEPARTMENT OF HEALTH
APPLICATION FOR TEMPORARY RESTAURANT PERMIT
(PLEASE PRINT OR TYPE)

DATE: _____

NAME OF ORGANIZATION/INDIVIDUAL: _____

ADDRESS: _____

ORGANIZATION REPRESENTATIVE: _____

TELEPHONE NUMBERS: (W) _____ (H) _____

EVENT: _____

EVENT LOCATION: _____

DATE(S) OF OPERATION: _____ TIME(S) _____ TO _____

TYPE OF FOOD FACILITY: _____
(Beverage Wagon, Booth, Kitchen, Tent, etc.)

Please provide the following Information. Failure to provide the necessary information regarding your operation may delay the processing of your application.

Water Service _____ Sewage Disposal _____

Solid Waste Disposal _____ Liquid Waste Disposal _____

LIST ALL FOOD AND BEVERAGE ITEMS BELOW

FOOD/ BEVERAGE	SOURCE ADDRESS	WHERE PREPARED	METHODS OF PREPARATION AND SERVING, EQUIPMENT USED
Example: Hot Dogs	Supermarket	Joe's Restaurant or on site	Boiled in large pot on gas grill using tongs

FOOD/ BEVERAGE	SOURCE ADDRESS	WHERE PREPARED	METHODS OF PREPARATION AND SERVING, EQUIPMENT USED

HAND- WASHING METHODS	CONDIMENTS HOW SERVED	LIST ALL UTENSILS HOW CLEANED DESCR. SANITIZER	REFRIGERATION TYPE	LIST ALL COOKING EQUIPMENT
Example: soap, water, towels	prepackaged mustard, catsup, etc.	tongs, spatula, knife, ice scoop (bleach and water sanitizer)	reach-in refrigerator, Cooler with ice	electric grill, steam table, deep fat fryer, hot plate

PLEASE **CALL THIS OFFICE** PRIOR TO THE EVENT TO VERIFY THE STATUS OF YOUR APPLICATION. PLEASE NOTIFY THIS OFFICE OF ANY CHANGES IN YOUR APPLICATION. (i.e., ADDITIONAL MENU ITEMS, ETC.)

CERTIFICATION

I have read the attached instructions, understand them, and will comply with their requirements. I understand that failure to comply may result in a permit not being issued or permit suspension, as per Part 32.00, Rules & Regulations Governing Restaurants in Virginia, 1984, and as amended, January 1, 1988.

Operator

Date