



Chesterfield Health Dept
 Phone: 804-748-1610
 Fax: 804-717-6106

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

TODAY'S DATE: _____

NAME OF ORGANIZATION/INDIVIDUAL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: (W) _____ (H) _____ (C) _____

ORGANIZATION REPRESENTATIVE NAME: _____

EVENT NAME: _____

LOCATION OF EVENT: _____

DATE(S) OF OPERATION: _____ TO _____ 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 PREPARTION 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 PREPARTION AND SERVING, EQUIPMENT USED

HANDWASH METHODS	CONDIMENTS, HOW SERVED	LIST ALL UTENSILS	UTENSIL CLEANING METHOD & SANITIZER TYPE	TYPE OF REFRIGERATION	LIST ALL COOKING EQUIPMENT
EXAMPLE: Soap, water, towels	Prepackaged mustard, ketchup, etc.	Ice scoop, tongs, knife	Bleach & water sanitizer	Reach-in refrigerator, cooler with ice	Electric grill, steam table, hot plate

Please call the Health Department prior to the event to verify the status of your application. Please notify the Health Department 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 non-issuance of a permit or permit suspension, as per Title 35.1-18 Code of Virginia, and 12 VAC 5-421-3660 et.seq. Virginia Food Regulations.

Operator Signature

Date