



**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) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ORGANIZATION REPRESENTATIVE NAME: \_\_\_\_\_

EVENT NAME: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

DATE(S) OF OPERATION: \_\_\_\_\_ TO \_\_\_\_\_ TIME(S): \_\_\_\_\_ TO \_\_\_\_\_

TYPE OF FOOD FACILITY: \_\_\_\_\_

(Beverage Wagon, Booth with Booth Number, Kitchen, Tent, etc.)

- Food Trucks/Mobile Units please provide a copy of your permit with contact information.

WATER SOURCE: \_\_\_\_\_ SEWAGE DISPOSAL: \_\_\_\_\_

**LIST ALL FOOD AND BEVERAGE ITEMS BELOW**

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

<b>FOOD &amp; BEVERAGE</b>	<b>SOURCE ADDRESS</b>	<b>WHERE PREPARED</b>	<b>METHODS OF PREPARTION AND SERVING, EQUIPMENT USED</b>

<b>HANDWASH METHODS</b>	<b>CONDIMENTS, HOW SERVED</b>	<b>LIST ALL UTENSILS</b>	<b>UTENSIL CLEANING METHOD &amp; SANITIZER TYPE</b>	<b>TYPE OF REFRIGERATION</b>	<b>LIST ALL COOKING EQUIPMENT</b>
<b>EXAMPLE:</b> 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.).

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**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

**Please submit application with payment or copy of paid receipt to:**

Henrico County Health Department  
P.O. Box 90775  
Henrico, VA 23273-90775  
Phone: 804-501-4529  
Fax: 804-501-4983