



## FOOD ESTABLISHMENT LICENSE APPLICATION

Please print or type the information requested below. Return your completed application with the processing fee of \$100 to the address listed

Public Health Division  
 Dept of Human Services  
 800 S. Walter Reed Dr.  
 Arlington, VA 22204  
 Phone (703) 228-7400  
 Fax (703) 228-7401

The establishment name and owner's name must be the same as recorded on the Arlington County business license. Please note that plans and specifications for construction or remodeling of a facility must be submitted to Public Health Division for review and approval before any work can be started. A \$200 fee is required for the plan review. 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. You must also notify the Public Health Division of a change of ownership.

Application type:

- New Establishment    
  License Renewal    
  Name Change    
  Change-of-Ownership

| <b>PART A</b>  |  |
|--|--|
| <b>FOOD ESTABLISHMENT INFORMATION</b>  | <b>OWNERSHIP INFORMATION</b>   |
| Name _____<br><br>Street Address _____<br><br>Arlington, VA      Zip Code _____<br><br>Phone _____<br><br>Fax _____<br><i>(Important for Product Recalls &amp; Public Health Emergencies)</i><br><br>E-mail _____<br><i>(Important for Product Recalls &amp; Public Health Emergencies)</i><br><br>Website _____ | <input type="checkbox"/> Owner/Proprietor<br><br><input type="checkbox"/> Partnership<br><br><input type="checkbox"/> Corporation (if checked, fill out information below)<br><br>Corporation Name _____<br><br>Street Address _____<br><br>City, State, Zip Code _____<br><br>Fax _____<br><br>E-mail _____<br><br><input type="checkbox"/> Other _____ |
| <b>LIST PRINCIPALS OF BUSINESS</b>   |  |
| <b>Owner #1</b><br>Name _____<br><br>Street Address _____<br><br>City, State, Zip Code _____<br><br>Phone _____<br><br>Fax _____<br><br>E-mail _____   | <b>Owner #2</b><br>Name _____<br><br>Street Address _____<br><br>City, State, Zip Code _____<br><br>Phone _____<br><br>Fax _____<br><br>E-mail _____   |

**CONTINUED ON BACK**

**PART B**

**Seating**

What is your indoor seating capacity? \_\_\_\_\_

What is your outdoor seating capacity? \_\_\_\_\_

**DAYS AND HOURS OF OPERATION**

Sunday \_\_\_\_\_ open \_\_\_\_\_ close

Thursday \_\_\_\_\_ open \_\_\_\_\_ close

Monday \_\_\_\_\_ open \_\_\_\_\_ close

Friday \_\_\_\_\_ open \_\_\_\_\_ close

Tuesday \_\_\_\_\_ open \_\_\_\_\_ close

Saturday \_\_\_\_\_ open \_\_\_\_\_ close

Wednesday \_\_\_\_\_ open \_\_\_\_\_ close

**SMOKING STATUS (CHECK ONE)**

**Smoke free** (smoking is not permitted anywhere)

**Outdoor smoking area**

**Smoking in designated areas. Please specify** \_\_\_\_\_

**Exempt** (no indoor seating OR specify which exemption that you meet) \_\_\_\_\_

**COMMUNICATION**

What is the primary language spoken by staff? \_\_\_\_\_

What language would you prefer for written materials? \_\_\_\_\_

**By signing this statement you attest to the accuracy of the information provided in the application and that you will comply with the Food and Food Handling Code, Chapter 9.2, of the Arlington County Code.**

Applicant's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Applicant's Name (printed) \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

**Official Use Only**

Receipt#: \_\_\_\_\_

Posted: \_\_\_\_\_

Healthspace Entered by/Date: \_\_\_\_\_