

Food Establishment License Application

2023

Instructions

Application: submit to Environmental Health Program via email, mail, fax, or in-person. **We are unable to process incomplete applications.**

\$40 payment: submit check or money order to Environmental Health Program by mail or in-person. Make payable to *Treasurer, Arlington County* and include establishment name in "for/memo" section. You may pay by credit card over the phone.

Application Type

Selection ONE: New License Renewal Name Change Change-of-Owner

Facility Information

Facility Name: _____

Street Address: _____ City: Arlington State: VA Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Owner Information

Owner/Corporation Partnership Other

Corporation/LLC or Owner Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Billing Information (If different from above)

Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Number of Seats

Indoor: _____ Outdoor: _____

Hours of Operation

Monday Open: _____ a.m. p.m. Close: _____ a.m. p.m.
Tuesday Open: _____ a.m. p.m. Close: _____ a.m. p.m.
Wednesday Open: _____ a.m. p.m. Close: _____ a.m. p.m.
Thursday Open: _____ a.m. p.m. Close: _____ a.m. p.m.
Friday Open: _____ a.m. p.m. Close: _____ a.m. p.m.
Saturday Open: _____ a.m. p.m. Close: _____ a.m. p.m.
Sunday Open: _____ a.m. p.m. Close: _____ a.m. p.m.

Other Information

Will the establishment offer catering? Yes No

Will the establishment serve as a commissary kitchen? Yes No

Smoking Status: Smoke Free Outdoor Smoking Area Smoking in Designated Areas Exempt

Wastewater Grease Removal:

Grease Trap, Interior Grease Trap, Exterior Other: _____ None

Certification

By signing below, I attest to the accuracy of the information provided. I agree that I will comply with Arlington County Code, Chapter 9.2 (Food and Food Handling) and will allow the regulatory authority access to the establishment.

Printed Name: _____ Title: _____ Phone: _____

Signature: _____ Date: _____

Information provided in this application may be subject to disclosure under the Freedom of Information Act (FOIA).

OFFICE USE ONLY

Receipt #: _____ Admin Name: _____

Posted: _____