



## Food Establishment License Application

2024

### 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: \_\_\_\_\_ Suite/Space#: \_\_\_\_\_

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: \_\_\_\_\_