

## 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: Richmond Remodeling Expo							
LOCATION OF EVENT: Greater Richmond Convention Center							
DATE(S) OF OPERATION: Jan. 7, 2022 TO Jan	. 9, 2022 TIME(S	S): 10am TO 7pm					
TYPE OF FOOD FACILITY:							
<ul> <li>(Beverage Wagon, Booth with Booth Number, Kitchen, Tent, etc.)</li> <li>Food Trucks/Mobile Units please provide a copy of your permit with contact information.</li> </ul>							
WATER SOURCE: SI	SEWAGE DISPOSAL:						

## LIST ALL FOOD AND BEVERAGE ITEMS BELOW

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

FOOD & BEVERAGE	SOURCE ADDRESS	WHERE			ODS OF PREPARTION AND NG, EQUIPMENT USED				
DEVERAGE	ADDRESS	TRETARE	D	SERVI	NG, EQUITMEN	1 051	ZD		
HANDWASH METHODS	CONDIMENTS, HOW SERVED	LIST ALL UTENSILS	UTEN CLEA METH SANIT	NING IOD &	TYPE OF REFRIGERAT	ION	LIST ALL COOKING EQUIPMENT		
EXAMPLE:			TYPE						
Soap, water, towels	Prepackaged mustard, ketchup, etc.	Ice scoop, tongs, knife	Bleach & water sanitizer		water		Reach-in refriger cooler with ice	rator,	Electric grill, steam table, hot plate
	Health Department poartment of any chang								
		<u>CERT</u>	IFICAT	<u>ION</u>					
understand tha	attached instructions t failure to comply m of Virginia, and 12 V	ay result in no	n-issuan	ce of a pe	ermit or permit sus	spensio			
		Opera	ator Sign	nature		ate			

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