

## Food Establishment License Application

### Instructions

Submit your completed application and \$40 fee to the Environmental Health Program. Incomplete applications will NOT be processed.

**Facility Name:** \_\_\_\_\_

### Application Type (Select ONE)

New       License Renewal       Name Change       Change-of-Owner

### Facility Information

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

### Ownership Information

Owner/Proprietor       Partnership       Corporation (if selected, fill out information below)       Other

Corporation/LLC Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Owner #1 Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Owner #2 Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

### Number of Seats

Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_

**Hours of Operation**

	Open (specify a.m. or p.m.)	Close (specify a.m. or p.m.)
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

**Smoking Status**

Smoke Free       Outdoor Smoking Area       Smoking in Designated Areas       Exempt

**Certification**

By signing this statement, I attest to the accuracy of the information provided in the application. 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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Applicant Name (printed): \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

**OFFICE USE ONLY**

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

Admin Name: \_\_\_\_\_

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