

FOOD/ BEVERAGE	SOURCE ADDRESS	WHERE PREPARED	METHODS OF PREPARATION AND SERVING. EQUIPMENT USED

HAND- WASHING METHODS	CONDIMENTS HOW SERVED	LIST ALL UTENSILS HOW CLEANED DESCR. SANITIZER	REFRIGERATION TYPE	LIST ALL COOKING EQUIPMENT
Example: soap, water, towels	Prepackaged mustard, catsup, etc.	Tongs, spatula, knife, ice scoop (bleach and water sanitizer)	Reach-in refrigerator. Cooler with ice	Electric grill, steam table, deep fat fryer, hot plate

PLEASE CALL THIS OFFICE PRIOR TO THE EVENT TO VERIFY THE STATUS OF YOUR APPLICATION.
PLEASE NOTIFY THIS OFFICE OF ANY CHANGES IN YOUR APPLICATION (i.e., ADDITIONAL MENU ITEMS, ETC.)

CERTIFICATION

I have read the attached instructions, understand them, and will comply with their requirements. I understand that failure to comply may result in a permit not being issued or permit suspension, as per Part 32.00, Rules & Regulations Governing Restaurants In Virginia, 1984, and as amended, January 1, 1988.

Operator Name

Date

**VIRGINIA DEPARTMENT OF HEALTH
APPLICATION FOR TEMPORARY RESTAURANT PERMIT**

(Please print or type)

DATE: _____

NAME OF ORGANIZATION/INDIVIDUAL: _____

ADDRESS: _____

ORGANIZATION REPRESENTATIVE: _____

TELEPHONE NUMBERS: (Work) _____ (Home) _____ (Cell) _____

EVENT: GRAHAMFESTUSA

EVENT LOCATION: 2115 MAJOR GRAHAMS ROAD, MAX MEADOWS, VIRGINIA 24360

DATE(S) OF OPERATION: SEPTEMBER 3, 2007 TIME: 11:00 A.M until 7:00 P.M.

TYPE OF FOOD FACILITY: _____
(beverage wagon, booth, kitchen, tent, etc.)

Please provide the following information. Failure to provide the necessary information regarding your operation may delay the processing of your application.

Water Service _____ Sewage Disposal _____

Solid Waste Disposal _____ Liquid Waste Disposal _____

LIST ALL FOOD AND BEVERAGE ITEMS BELOW

FOOD/BEVERAGE	SOURCE ADDRESS	WHERE PREPARED	METHODS OF PREPARATION AND SERVING, EQUIPMENT USED
(Example: hot dogs)	(Supermarket)	(Joe's Restaurant or on site)	(Boiled in large pot on gas grill using tongs)