

Food Establishment License Application

Instructions

Submit your completed application and \$40 fee **in-person or via mail** to the Environmental Health Program.
Make checks payable to **ARLINGTON COUNTY TREASURER.**
We are unable to process incomplete applications.

Application Type (Select ONE)

New
 License Renewal
 Name Change
 Change-of-Owner

Facility Information

Facility Name: _____
 Phone Number: _____
 Email: _____ Website: _____
 Street Address: _____ City: _____ State: ____ Zip: _____

Owner Information

Owner/Corporation
 Partnership
 Other

Corporation/LLC or Owner Name: _____
 Phone Number: _____ Email: _____
 Street Address: _____ City: _____ State: ____ Zip: _____
 Billing Address

Name: _____
 Phone Number: _____ Email: _____
 Street Address: _____ City: _____ State: ____ Zip: _____
 Billing Address

Billing Information (If different from above)

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		

Additional 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 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: _____