

## Food Establishment License Application

### Instructions

Submit your completed application and \$40 fee **via mail, email, or phone** 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 any Executive Orders and guidelines issued to protect the public from COVID-19. I will allow the regulatory authority access to the establishment.

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

\_\_\_\_\_  
Date

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

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

**OFFICE USE ONLY**

Receipt #: \_\_\_\_\_ Admin Name: \_\_\_\_\_

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