City of Norfolk
Department of Public Health

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

☐ New
☐ Renewal
☐ Change of Owner

Norfolk Department of Public Health
830 Southhampton Avenue
Norfolk, VA 23510
Ph: (757) 683 – 2712 Fax: (757) 683 – 2394

Establishment Permit #

Expiration Date

APPLICATION for a NORFOLK DEPARTMENT OF PUBLIC HEALTH PERMIT

I/We hereby make application to the Norfolk Department of Public Health for a permit to operate a:

☐ Barber Shop/Cosmetology Salon ☐ Bed & Breakfast ☐ Church ☐ Commissary
☐ Convenience Grocery ☐ Grocery ☐ Health Parlor ☐ Hotel
☐ Mobile Vendor ☐ Prepackaged Grocery ☐ Restaurant ☐ Dumpster
☐ Other

Business Name:

Business Address:

Name of Owner:

Onsite manager or Company Representative Phone:

Business Phone: Fax: E-Mail:

Mailing/Billing Address: Phone:

City: State: Virginia Zip:

Dumpster Site Address:

Container Company Name: *Container Size:*

Type Establishment: ☐ Food ☐ Industrial ☐ Commercial

☐ Construction Site ☐ Residential (# units served) ☐ Other

Method of waste disposal: ☐ City ☐ Private

I/We agree to comply with all ordinances, rules and regulations as set forth by local or state law governing this activity. I/we understand that after issuance of the Health Department Permit requested, the Director of Public Health or his designated representative shall have the right to enter the premises of this establishment at any reasonable time to inspect, conduct test, or collect samples as required.

Applicant Signature Date:

Print Name: Title:

Submit by Email Print Form

Health Department Use Only

Permit Number: Issue Date: Exp. Date: PD: Ecode:

Receipt Date: Invoice Number: Check Number: Received By:

Exempt: ☐ Site Inspection by: Date:

Approved for permit by: Date: