



**GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS**  
**DEPARTMENT OF HEALTH**  
**DIVISION OF ENVIRONMENTAL HEALTH**

3500 ESTATE RICHMOND  
ST. CROIX, VI 00820  
(340) 718-1311 X 3709

1303 HOSPITAL GROUND, SUITE 10  
ST. THOMAS, VI 00920  
(340) 774-9000 X4642

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**HEALTH PERMIT COVER SHEET**

Name of Applicant: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Business License Control Number: \_\_\_\_\_

Environmental Health Log Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Types of Permits Requested: \_\_\_\_\_

1) Do you have a Business License Review form from the Department of License and Consumer Affairs  
**with a control number?**     Yes             No

2) Do you have a registered Trade Name?     Yes             No

If you answered “**Yes**”, **please submit a copy of the certificate** to the Department of Health, Division of Environmental Health (DOH/DEH) upon request for inspection. If you answered “**NO**” **please obtain certificate from the Lieutenant Governor’s Office**, if necessary.

3) Is this a **NEW** business?     Yes             No

4) Is this a **CHANGE OF LOCATION?**     Yes             No

If you answered “**Yes**”, **please submit to DEH a notarized letter** confirming the Change of Location

5) Is this a change of ownership?     Yes                       No

If you answered “Yes”, please submit a notarized letter to DEH confirming the Change of Ownership.

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**AGREEMENT OF INSPECTION**

Inspection will be completed within 10-14 business days of receipt of written request received in the DEH Office and pending no unforeseen circumstances.

**AGREEMENT OF APPLICANT**

Once “Approval” is granted, it is incumbent upon the applicant to obtain the Business License from the Department of License and Consumer Affairs. A copy of the Business License must be submitted to the Department of Health, Division of Environmental Health in order to complete the process in obtaining the Health Permit.

Failure to obtain the Health Permit within two (2) weeks of receiving the Business License will be subject the business to fines, penalties, cease and desist or closure.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

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**FOR OFFICIAL USE ONLY**

**Recommendation:**     Approved                       Disapproved

**Comments:**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Environmental Health Inspector**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Director of Environmental Health**  
*(or Authorized Representative)*

\_\_\_\_\_  
**Date**