



**SECTION 2: COMPLETE AND MOVE TO SECTION 3 (MUST BE FULLY COMPLETED)**

**FACILITY INFORMATION**

**NAME OF FACILITY:** \_\_\_\_\_

**ADDRESS OF FACILITY:**

Street Number and Name	City	State	Zip Code
County	Township/Borough		
( ) Phone Number	( ) Fax Number		
Email Address	( ) Cell Number or Alternate Phone Number		

**MAILING ADDRESS (If Other Than Above):**

Name	Street Address	City/State	Zip Code
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**PROPRIETOR/OWNER TYPE:**  SOLE PROPRIETOR  CORPORATION  NON-PROFIT OR ASSOCIATION  
 PARTNERSHIP  LIMITED LIABILITY CO. (LLC) OR PARTNERSHIP (LLP)

RESPONSIBLE OFFICIAL AT THE ESTABLISHMENT (if not the owner)  
NAME and TITLE \_\_\_\_\_

**PLEASE FILL IN DETAILED INFORMATION ON YOUR PROPRIETORSHIP ON PAGE 7 OF THIS APPLICATION.**

**SECTION 3: COMPLETE AND MOVE TO SECTION 4**

**CONSTRUCTION/STRUCTURAL INFORMATION**

- New Construction     No Construction or Changes to the Existing facility
- Major Remodel of an Existing Facility     Major Equipment Change or Addition     Minor Construction
- This is not a Structure or Building (i.e. mobile unit, stick stand)

ALL CONSTRUCTION AND FINISH COAT CHANGES MUST BE ADDRESSED ON YOUR PLANS OR DRAWING. THIS WOULD APPLY TO YOUR GENERAL STRUCTURE AND FLOORS, WALLS AND CEILING MATERIALS. SEE ATTACHED GUIDELINES. AESTHETIC CHANGES, SUCH AS PAINTING, CARPET CHANGES, AND DECORATION CHANGES NEED NOT BE ADDRESSED.

**SECTION 4: FACILITY FLOOR PLAN & EQUIPMENT SCHEDULE**

**IF A “CHANGE OF OWNERSHIP”, AS DESCRIBED IN SECTION 1, SKIP THIS SECTION AND MOVE TO SECTION 5. IF A “REMODEL” ONLY, AS DESCRIBED IN SECTION 1, SIGN, ATTACH REMODEL PLANS\* AND MOVE TO SECTION 5.**

**ALL “NEW FACILITIES” AS DESCRIBED IN SECTION 1 MUST ATTACH FULL PLANS, SIGN, & MOVE TO SECTION 5.**

All facilities must submit **ONE** copy of a facility floor plan/layout, EXCEPT for CHANGE OF OWNERSHIP FOR AN EXISTING FACILITY WHERE **NO CONSTRUCTION, REMODELING, OR CHANGES ARE GOING TO OCCUR**. This plan must include the basic lay out of the facility, the location of all food service equipment, a listing of the equipment (including manufacturer’s names and model numbers), water and sewer connection locations, restroom locations and fixtures, lighting schedules, surface or finish coat materials of floors, walls and ceilings (even if temporary), and site plan showing exterior building structures (including storage areas, trash receptacles, outside refrigeration units, etc...). Plans may hand drawn, to approximate scale, neat and legible. Plans will not be returned to you. The Department has provided a guidance within the “Instructions” for your assistance in complying with this section of the application.

*\*Remodel facilities only, need only submit a floor plan and the list of equipment for the specific area(s) of the food facility that is affected by the remodel.*

**I have attached the appropriate floor plan AND equipment list to this application.**

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

**SECTION 5: COMPLETE THIS SECTION AND MOVE TO SECTION 6**

**WATER, SEWER, WASTE INFORMATION**

**WATER: The facility is using: (Check which one applies)**

A public or municipal water supply regulated by DEP. If not municipal community water, the water supplies must be approved by DEP, Department of Environmental Protection (717-783-2300). Written documentation must be provided, such as your assigned Public Water Supply (PWS) number.

**A Change of Owner must contact DEP to update information even if a PWS number is assigned to the facility.**

Municipal Supplier, if applicable: \_\_\_\_\_  
(example: Pa American Water)

A non-public / non-municipal / private water supply (example: well water). **A current water test must be provided.**

Various water supplies because this is a mobile unit and not filling at one location each time. Operators must always use approved and tested water supplies.

**A Current Water Test is Attached and / or I Understand that it is My Responsibility to use ONLY Approved & Tested Water Supplies if Mobile.**

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

**SEWER: The facility is using: (Check which one applies)**

A municipal/public sewage disposal system.

Name of Sewage Authority: \_\_\_\_\_

A non-public sewage disposal system (examples; Sand mounds, holding tanks). For on-lot sewage disposal systems, please contact the local Sewage Enforcement Officer for your municipality and discuss if the current sewage disposal system is appropriate for your food facility. This would not apply if the facility is connected to an approved municipal supply, as listed above.

**I contacted my municipality regarding my on-lot sewage disposal system on \_\_\_\_\_ (date).  
To the best of my knowledge my on-lot system meets state and/or local codes and is adequate for my Retail Food Facility and functioning properly.**

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

For Mobile Units: Appropriate sewage/waste holding tanks that will be disposed of at approved sewage disposal sites.

**REFUSE: (Check all that apply & complete fully)**

The food facility refuse collector is \_\_\_\_\_ (company name)

List any other refuse /waste collection companies (ex: grease collection) \_\_\_\_\_

This facility is a mobile unit and will use various approved refuse sites for disposal of refuse and waste.

**SECTION 6: COMPLETE AND MOVE TO SECTION 7. IF A REMODEL ONLY, SALES TAX INFORMATION IS NOT REQUIRED**

**ZONING AND OTHER CODES**

**(Signature is required to affirm compliance with the appropriate requirements. Check all that apply)**

Facility/Unit/Business is Compliant with Local Zoning requirements.

Facility/Structure is Compliant with All Building Code requirements (electrical, plumbing, ventilation, structural, etc), where applicable.

A license to collect sales tax has been obtained or applied for. For information on applying for a sales tax license, contact the Pennsylvania Department of Revenue - (717) 787-8201. A copy of the sales tax license or proof of application is attached to this application.

According to the PA Department of Revenue rules and regulations, I have determined that my business is exempt from collection of sales tax.

**I certify that the facility is compliant with the above checked requirements and any required supporting documentation is attached.**

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

**SECTION 7: COMPLETE AND MOVE TO SECTION 8**

**FACILITY SERVICE INFORMATION**

**PART A:**

**DAYS OF OPERATION & TIME (Check days which apply & complete time facility is open)**

<input type="checkbox"/> Monday	Time _____	<input type="checkbox"/> Friday	Time _____
<input type="checkbox"/> Tuesday	Time _____	<input type="checkbox"/> Saturday	Time _____
<input type="checkbox"/> Wednesday	Time _____	<input type="checkbox"/> Sunday	Time _____
<input type="checkbox"/> Thursday	Time _____		

If mobile: Events or locations you routinely attend or set up/sell at:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART B:**

**TYPE OF SERVICE (Check all that apply)**

Retail Grocery Store     Farmer Market Stand (immediate consumption foods)

Dine-In Food Service     Take-Out Food Service     Catering     Convenience Store

Mobile Facility     Church/Fire Hall/Non-profit     Bar / Club     On-the-Farm Retail Store

School     Organized Camp     Salvage Food     Frozen Dessert

Other, Describe: \_\_\_\_\_

**TYPE OF MENU (Check all that apply)**

Full Service Menu (numerous items) \*\* **attach menu**     Limited Menu (a few items) \*\* **attach menu**

Specific Food Items List items \_\_\_\_\_

Full Service Grocery with Departments:  Bakery     Deli     Café     Produce     Meat     Seafood     Dairy

Other, list \_\_\_\_\_

Do you plan on serving any raw animal food undercooked, raw, or cooked to order?     YES     NO

List: \_\_\_\_\_

Do you have or have you applied for a liquor license?     YES     NO

**PROJECTED CAPACITY**

Number of seats = \_\_\_\_\_ (Include inside and outside seating as described in the instructions. Mark '0' if no seating provided)

Patron served daily (projected) = \_\_\_\_\_

**PART C:**

**EMPLOYEE INFORMATION**

Anticipated # of employees/volunteers, including owner = \_\_\_\_\_

Do you have a Certified Food Handler on Staff?  YES  NO  Exempt (non-profit) or other exempt facility

If NO, you will have 90 days from the date your license/registration is issued to make arrangement to send a Person-in Charge to training. Visit our web site at [www.EatSafePA.com](http://www.EatSafePA.com) to obtain a list of courses in your county or to determine if you are exempt from this requirement.

Do you have an employee health policy?  YES  NO

An employee health policy establishes how to handle ill employees, See Sections 46.111 thru 46.115 of the Food Code for clarification. If NO, prior to opening an employee health policy must be established, either in writing or verbal, and presented to every employee of the establishment and your Sanitarian.

**SECTION 8: ALL APPLICANTS READ AND COMPLETE**

**FACILITY OPENING:**

Anticipated date of opening and/or ownership settlement of the facility and/or remodeling completed. \_\_\_\_\_(date)

***There are NO fees associated with this Plan Review Application. DO NOT SEND MONEY WITH THIS APPLICATION***

License fees will be collected at the time of the licensing inspection and are as follows: (payable to: Commonwealth of PA)

**Retail Food License**

- “Change of ownership”-- \$82.00
- Remodel Plan Review –no charge
- “New Licenses”
  - **Under 50 seats AND Owner Operated --\$103.00**
  - **All others, \$241**

**Other fees**

- Annual Renewals --\$82.00
- 2<sup>nd</sup> Follow-up inspection Fee --\$150.00
- 3<sup>rd</sup> or subsequent Follow-up inspection Fee --\$300.00
- Duplicate License Fee - \$14.00
- Courtesy inspection Fee - \$150.00

This application, along with the floor plan and all other requested materials, as listed above, should be **submitted to you local Regional Office**, as listed on the cover letter. Please allow 3-4 weeks for processing of your plan review/application from the date of post marking. You may be contacted by your regional Food Sanitarian requesting further clarification or information. The Food Sanitarian will contact you with final approval OR you will be sent a letter via USPS with a disapproval, including the reasons, of this plan. Next, an on-site inspection will occur. This **must** happen prior to licensing and opening.

The Applicant understands and agrees that this document is an application for licensure of a retail food facility. The applicant understands and agrees that only a “proprietor” of a retail food facility may obtain a retail food facility license; and that a “proprietor” may be a person, partnership, association or corporation operating a retail food facility within the Commonwealth of Pennsylvania. The applicant verifies that it is a/an (**circle one**): **person, partnership, association, corporation, LLC or LLP**; and that it is the “proprietor” of the retail food facility that is the subject of this application. The applicant verifies that all statements and information in this application is true and correct to the best of the applicant’s knowledge, information and belief; and makes these statements subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities.

