



DELAWARE COUNTY HEALTH DEPARTMENT

MOBILE FOOD FACILITY LICENSE APPLICATION

Please **PRINT** in all fields. Incomplete applications will be returned and will delay processing time/issuance of license.

Check (✓) type of application:

Initial Application

Renewal Application

Facility Name and Address

Facility Name:			
Street Address:			
City:	State: PA	Zip:	Municipality:
Contact Name for Facility:			Phone:
Fax:	Mobile:	Email:	

Licenses and Invoices will be mailed to the Facility Mailing Address

Facility Owner Information

Facility Owner Name:			
Street Address:			
City:	State:	Zip:	Phone:
Fax:	Mobile:	Email:	

ALL NEW FOOD FACILITIES or FACILITIES UNDERGOING A CHANGE IN OWNERSHIP ARE REQUIRED TO HAVE A PLAN REVIEW APPROVED BY THIS DEPARTMENT PRIOR TO APPLYING FOR A LICENSE.

If Applicable enter the plan review number here: _____

If Change of Ownership, former name of Facility: _____

Former Facility Owner Name: _____

Date of Last Inspection: _____

Type of Mobile Food Facility:

- Truck
- Trailer Hitch Unit
- Pushcart Stand
- Foot Peddler
- Other: _____

Location of readily available restrooms _____

Vending Locations _____

Is there a Frozen Dessert Machine in the Mobile Food Facility?

- Yes
- No

If Yes, what is the Frozen Dessert Machine License Number from the Pennsylvania Department of Agriculture License # _____



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Please include a copy of the following items with your application:

- Food Safety Manager Certification
- Food License
- Proof of Vehicle Inspection
- Proof of Vehicle Registration
- Proof of Vehicle Insurance

License Type – Check the appropriate License type:

✓	<u>License Type</u>	<u>Fee</u>
	Mobile Food Facility	\$261
	Mobile Retail Outlet	\$190

Application fee \$ _____ See fee schedule. Fee **MUST** be filed with application. All checks and money orders are made payable to **Delaware County Health Department.**

Application is hereby made for license to operate a food service establishment in Delaware County. By signing this application, you certify that the facts set forth on this application are true and correct, understanding that the submission of false or misleading information is grounds for suspension or revocation of license. Also, you agree that the establishment will comply with the Delaware County Public Health Code. You indicate that you have complied with applicable provisions of Act 62 of 1992, which requires any person applying for a food establishment license in the Commonwealth to apply for a sales and use tax license or exemption certificate from the Pennsylvania Department of Revenue.

Print name of owner/authorized agent

Signature of owner/authorized agent

Date

DELAWARE COUNTY HEALTH DEPARTMENT

TO BE COMPLETED BY EHS ONLY

Fee Due:	Payment Method:	Payment Date:
EHS Approval Sign:	EHS Approval Name:	Approval Date:



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Checklist

1. Obtain an application from the Delaware County Health Department (DCHD) [website](https://www.delcopa.gov/health/environmentalhealth.html)
(<https://www.delcopa.gov/health/environmentalhealth.html>)

Please use the Institution Application

2. Complete the application (please type or print legibly to prevent delays)
3. Provide supporting documentation:
4. Please include a copy of the following items with your application.

- Food Safety Manager Certification
- Food License
- Proof of Vehicle Inspection
- Proof of Vehicle Registration
- Proof of Vehicle Insurance

5. Required fee- check, money order, or credit card payments are accepted

See fee schedule

6. Submit application packet and fee to DCHD:

- Hand-deliver Monday-Friday 8:30 AM - 4:30 PM:
1510 Chester Pike, Baldwin Towers 7th Fl, Suite 700, Eddystone, PA 19022
- Mail:
Delaware County Health Department- Environmental Health Division
1510 Chester Pike
Baldwin Towers 7th Fl, Suite 700
Eddystone, PA, 19022
Phone: 484-276-2100