



# DELAWARE COUNTY HEALTH DEPARTMENT

## Food Establishment 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

Change of Ownership

Renewal Application

### Establishment Name and Address

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

*Permits and Invoices will be mailed to the Establishment Mailing Address*

### Owner Information

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

If Change of Ownership, former name of establishment: \_\_\_\_\_

Trade/Corporation Name: \_\_\_\_\_

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:

Facility Type:

Total Square Footage of Facility: \_\_\_\_\_

Total number of Seats in Facility: \_\_\_\_\_

Does this Facility have a Liquor License?  Yes  No

o If yes, what is the license Number: \_\_\_\_\_

Is the Facility a Mobile Food Facility?  Yes  No



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License Type – Check the appropriate License type:

√	<u>License Type</u>	<u>Fee</u>
	Food Facility with Less than 50 Seats	\$266
	Food Facility with 50 or more seats	\$380
	Food Facility more than 10,000 sq. ft.	\$570
	Food Facility in Conjunction with a PA Liquor License	\$380
	Beverage Manufactured on Premises with Tasting Room, No Food Prep	\$142
	Take Out only Food Facility	\$261
	Retail Outlet	\$190
	Commissary/Caterer	\$266
	Tax Exempt Food Facility	\$47
	Mobile Food Facility	\$261
	School Food Facility with Private/Commercial Vendor	\$332
	School Meal Program Inspection	\$190

**Establishment Information**

Water Supply:  Community  On-Site Well  
 Sewage:  Public  On-lot Sewage

**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**

\_\_\_\_\_  
**Title**

**TO BE COMPLETED BY EHS ONLY**

<b>Fee Due:</b>	<b>Payment Method:</b>	<b>Payment Date:</b>
<b>EHS Approval Sign:</b>	<b>EHS Approval Name:</b>	<b>Approval Date:</b>