

APPLICATION FOR NEW HEALTH LICENSE AND RETAIL FOOD FACILITY PLAN REVIEW

OFFICE USE ONLY PAYMENT INFO AMOUNT: \$ _____ CHECK #: _____ DATE: _____ REC'D BY: _____	BOROUGH OF STROUDSBURG HEALTH DEPARTMENT 700 SARAH STREET STROUDSBURG, PA 18360 Phone (570) 421-5444 Fax (570) 421-2690 www.StroudsburgBoro.com	ANTICIPATED OPENING DATE: _____ / _____ / _____
--	--	---

**\$250.00 PLAN REVIEW AND LICENSING FEE MUST BE SUBMITTED
WITH THE APPLICATION, FLOOR PLAN, MENU AND
FOOD SAFETY CERTIFICATIONS FOR REVIEW AND APPROVAL.**

Failure to supply all requested information may result in a delay in the licensing of your facility. Licenses should be applied for approximately 30 days prior to the restaurant opening or initial sale of food. Please allow at least two weeks for the processing of your completed application. This application is for a new Health License at a permanent structure / facility or seasonal mobile units. Temporary locations or less than 14 days / 3 specific events a year, require a separate Temporary Health License application.

Chapter 46, Food Code, the Rules and Regulations of the PA Department of Agriculture issued under the Retail Food Facilities Safety Act of 2010 (3 C.S §§5701 et.al.) requires that properly prepared plans and specifications for construction, remodeling or alteration of a retail food facility must be submitted to and approved by the Stroudsburg Borough Health Department before food can be prepared, served and sold.

FACILITY INFORMATION

BUSINESS NAME: _____	
BUSINESS ADDRESS _____ (Please include unit #, suite #, and/or floor)	
(_____) _____ BUSINESS PHONE NUMBER	(_____) _____ BUSINESS FAX NUMBER
PARCEL ID NUMBER: 1873 _____ (14 Digits) Available from property owner or property manager	

BUSINESS OWNER NAME: _____	DATE OF BIRTH: _____ <small>(**REQUIRED**)</small>
BUSINESS MAILING ADDRESS _____	CITY / STATE / ZIP CODE _____
EMAIL ADDRESS _____	(_____) _____ MOBILE NUMBER OR ALTERNATE PHONE NUMBER

PURPOSE OF THE PLAN REVIEW

PLEASE SELECT All THAT APPLY:

- | | |
|--|--|
| <input type="checkbox"/> New Food Facility

<input type="checkbox"/> Remodel of an Existing Facility
Name: _____

<input type="checkbox"/> Change of Food/ Operation Type for Existing Facility
Explain: _____ | <input type="checkbox"/> Change of Ownership for an Existing Facility
Name: _____

<input type="checkbox"/> Seasonal Unit / Vendor
Dates of Operation: _____ to _____

<input type="checkbox"/> Other
Describe: _____ |
|--|--|

CONSTRUCTION

- No Construction or changes to existing facility
 Equipment Change Minor Construction Major or New Construction

Briefly describe construction/change and anticipated time frame for start and completion.

FACILITY FLOOR PLAN & EQUIPMENT LIST

All facilities must submit a copy of a facility floor plan. 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, and site plan showing exterior building structures (including storage areas, trash receptacles, outside refrigeration units, etc...). Commonwealth regulations prohibit the use of lead pipe, lead-based solder and fitting in potable water drinking systems after January 6, 1991.

ZONING AND OTHER CODES

- Home-based retail facilities:
 Must attach a copy of the Zoning Permit indicating that a food type business can be conducted from the home.
- Facility is Compliant with All Local Zoning and Building Code requirements (electrical, plumbing, ventilation, structural, etc).
- A license to collect sales tax has been obtained or applied for. Attach copy of License or application.
 For information on applying for a sales tax license, contact the Pennsylvania Department of Revenue - (717) 787-8201.
- According to the PA Department of Revenue, my business is exempt from collection of sales tax.

WASTE INFORMATION

REFUSE: (Check all that apply & complete fully)

- The food facility refuse collector is _____ (company name)
- List any other refuse or waste collection companies (ex: grease collection) _____

SIGNED AFFIDAVIT

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 sole proprietor, partnership, association or corporation operating a Retail Food Facility within the Commonwealth of Pennsylvania.

The applicant verifies that they are the **“Proprietor”** of the Retail Food Facility that is the subject of this application. **The applicant certifies that all statements and information in this application are true and correct to the best of their 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.

SOLE PROPRIETOR:

CONTACT EMAIL: _____

Signature

Date

Legibly Print Name

PARTNERSHIP:

CONTACT EMAIL: _____

Signature – General Partner

Date

Signature – General Partner

Date

Legibly Print Name

Legibly Print Name

CORPORATION OR ASSOCIATION / NON-PROFIT ENTITY:

CONTACT EMAIL: _____

Name of Corporation or Non-Profit Entity

Signature of President / VP (circle which)

Date

Legibly Print Name

LIMITED LIABILITY COMPANY (LLC):

CONTACT EMAIL: _____

Name of Corporation

Signature – Member

Date

Signature – Member

Date

Legibly Print Name

Legibly Print Name

OFFICE USE ONLY

LICENSE TYPE E & D

Retail Food Store Registration

Registered Exempt

PLANS APPROVED, DATE _____

PLANS DENIED, DATE _____

Reasons for denial: _____

Comments: _____

HEALTH OFFICER _____

DATE: _____