

## APPLICATION FOR RENEWAL OF RETAIL FOOD SERVICE FACILITY LICENSE

<b>*OFFICE USE ONLY*</b> <b>PAYMENT INFO</b> <b>AMOUNT: \$</b> _____ <b>CHECK #:</b> _____ <b>DATE:</b> _____ <b>REC'D BY:</b> _____	<b>BOROUGH OF STROUDSBURG</b> <b>HEALTH DEPARTMENT</b> <b>700 SARAH STREET</b> <b>STROUDSBURG, PA 18360</b> Phone (570) 421-5444 Fax (570) 421-2690 <b>www.StroudsburgBoro.com</b>	<b>DATE STAMP</b>     (Office use only)
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### 1. OWNER AND FACILITY INFORMATION

Business Owner's Name:		Phone Number:
Business Owner's Mailing Address:		
Name of Facility:		Facility Phone#:
Facility Location: <b>**LICENSE VALID ONLY AT THIS LOCATION**</b>		
Name of Responsible Official at the establishment:		
Mobile Phone #:	Indicate Job Title:	
Contact Email Address:	Property Owner Name:	

### 2. TYPE OF SERVICE

<input type="checkbox"/> Dine-In Food Service <input type="checkbox"/> Take-Out <input type="checkbox"/> Bar / Club <input type="checkbox"/> Food for immediate consumption	<input type="checkbox"/> Catering <input type="checkbox"/> Grocery / Retail <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other retail facility; describe: _____	<input type="checkbox"/> Mobile facility <input type="checkbox"/> Temporary facility <input type="checkbox"/> Seasonal - Dates of Operation: _____
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### 3. TYPE OF MENU

Describe the retail food type and the nature of operation:
<input type="checkbox"/> Full Service Menu <input type="checkbox"/> Limited Menu <input type="checkbox"/> Specific food items (list items below)
List specific items here:
Do you have or have you applied for a liquor license? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>(Please supply a copy of the Liquor License)</b>

***All retail food service facilities that have a potential to serve raw or undercooked meat, poultry, or seafood, shall provide a consumer advisory on the menu. The advisory can be located adjacent to each relevant item listed, or as a footnote denoted with an asterisk (\*). The following example is recommended: "CONSUMER ADVISORY – Eating raw or undercooked meat, poultry, and shellfish, can significantly increase the risk of food-borne illness."***

### 4. SERVICE CAPACITY

Number of Seats:	Number of Tables:	Occupancy Limit:
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## 5. EMPLOYEE INFORMATION

How many employees do you have? \_\_\_\_\_

Do you have a Nationally Certified Food Handler on staff?

YES:

List name and PDA certificate number \_\_\_\_\_

NO:

You will have 90 days from the date your license/registration is issued to provide documentation that you have a supervisory employee with approved certification on staff.

Do you have an Employee Health Policy?

An Employee Health Policy establishes how to handle ill employees/volunteers,  
See Sections 46.111 thru 46.115 of the Food Code for clarification

Yes: Employees/volunteers have been advised of our Employee Health Policy.

No: Prior to opening, a written or verbal Employee Health Policy must be established and presented to every employee of the establishment.

***The Food Employee Certification Act, 3 Pa C.S. §§ 6501 - 6510, as amended, requires one supervisory employee per food facility to become certified in food safety and sanitation by taking a nationally recognized food certification class and obtaining a National Certificate of completion. The certification training may be obtained through classroom, computer-based, combination home study/classroom, or home study. Nationally recognized courses and exams, and other resources can be found on the AGRICULTURE.PA.GOV website:***

***([https://www.agriculture.pa.gov/consumer\\_protection/FoodSafety/Retail%20Food/Pages/Food-Employee-Certification-.aspx](https://www.agriculture.pa.gov/consumer_protection/FoodSafety/Retail%20Food/Pages/Food-Employee-Certification-.aspx))***

## 6. PAYMENT INFORMATION

Facilities with seating capacity above 50 \$300.00 per year

Facilities with seating capacity of 0 to 50 \$200.00 per year

Non-profit establishments \$75.00 per year

**SEND COMPLETED APPLICATION AND PAYMENT TO THE BOROUGH OFFICE.**

## 7. APPLICANT IDENTIFICATION

Name		Mailing Address	Telephone
Applicant:			
Email Address:		Mobile Phone:	

The undersigned 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 of information to authorities.

Signature:

Date:

## LICENSE APPROVAL

Health Officer:

Date: