

**APPLICATION FOR  
TEMPORARY / EVENT FOOD LICENSE  
FEE: \$75.00**

<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 HEALTH DEPARTMENT 700 SARAH STREET STROUDSBURG, PA 18360</b> <b>Phone (570) 421-5444 Fax (570) 421-2690</b> <b>www.StroudsburgBoro.com</b>	<b>DATE STAMP</b>      (Office use only)
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<b>VENDOR NAME:</b> _____  <b>EVENT NAME:</b> _____ <b>EVENT DATE(S):</b> _____
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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.

**PLEASE COMPLETE ALL INFORMATION.**

**THIS APPLICATION, ALONG WITH THE FLOOR PLAN AND ANY OTHER REQUIRED MATERIALS MUST BE SUBMITTED TO THE BOROUGH OF STROUDSBURG**

Failure to supply all requested information may result in a delay in licensing your facility.  
Please allow at least two weeks for processing of your plan review.

Temporary Licenses should be applied for approximately 60 days prior to the Event or initial sale of food.

<p><b>A Temporary License is:</b></p> <p>A license that is the following:</p> <ul style="list-style-type: none"> <li>(A) Issued to the operator selling in conjunction with an event or celebration <b>AND</b></li> <li>(B) Valid for the duration of the particular event or celebration of no more than 14 days duration (whether these days are consecutive or non-consecutive) <b>AND</b></li> <li>(C) Issued to the operator with respect to no more than (3) three events or celebrations in a particular calendar year</li> </ul> <p><b>OR</b></p> <p>A license that is the following:</p> <ul style="list-style-type: none"> <li>(A) Issued to a food facility operator, whether stationary or mobile <b>AND</b></li> <li>(B) In operation for a total of no more than 14 days within a particular calendar year <b>AND</b></li> <li>(C) Not in conjunction with an event or celebration</li> </ul>
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**Borough of Stroudsburg Health Department  
APPLICATION AND PLAN REVIEW FOR TEMPORARY RETAIL FOOD LICENSE**

**PURPOSE OF THE PLAN REVIEW**

APPLICATION FOR TEMPORARY LICENSE FOR:

Single Event / Festival    OR     Up to 14 days at the same location

THIS FACILITY IS A:     Permanent Structure    OR     Mobile Unit / Structure

**FACILITY INFORMATION**

NAME AND MAILING ADDRESS OF **BUSINESS / ORGANIZATION**:

_____			
Name			
_____			
Street	City	State	Zip Code
_____	_____	_____	_____
County	Township/Borough		
(       )	(       )		
Phone Number	Fax Number		
_____	_____		
Contact Person's Email Address	Cell Number or Alternate Phone Number		

**APPLICANT'S NAME AND MAILING ADDRESS:**

\_\_\_\_\_ City, State, Zip Code

OWNER TYPE:     SOLE PROPRIETOR, NAME \_\_\_\_\_

CORPORATION, LLC or LLP NAME \_\_\_\_\_

OFFICER NAME AND TITLE \_\_\_\_\_

PARTNERSHIP, NAMES \_\_\_\_\_

NON-PROFIT OR NOT-FOR-PROFIT, NAME OF ORGANIZATION \_\_\_\_\_

**FACILITY FLOOR/SITE PLAN & EQUIPMENT LIST**

All applicants must submit a copy of a floor plan/site plan/layout. This plan must include the basic layout of the facility/unit as it will be set up at the Event or location; the location of all food service equipment; a listing of the equipment (including manufacturer's names and model numbers); water and sewer supply information; restroom locations; hand washing sink information; ware washing sink information; surface materials of floors, walls and ceilings, if applicable. The site plan shall include lighting schedules, locations of all exterior building structures (including storage areas, trash receptacles, outside refrigeration units, etc...). Commonwealth regulations prohibit the use of lead pipe, lead-based solder and fittings in potable water drinking systems after January 6, 1991. See *Temporary License Guidelines*.

This plan may be hand drawn as long as it is legible and approximately to scale. Only one set of plans needs to be submitted.

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

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

**WATER, SEWER, WASTE INFORMATION**

**WATER:**

**The facility is on, or will use: (Check which one applies)**

\_\_\_\_\_ A public / municipal water supply. Supplier: \_\_\_\_\_

\_\_\_\_\_ A non-public / non-municipal / private water supply (example: well water).  
These water supplies must be approved by DEP, Department of Environmental Protection (717-783-2300). Written documentation must be provided. **A current water test must be provided.**

\_\_\_\_\_ Mobile units / Structures / Tents:  
Please describe your water supply to be used for this unit. Are you filling up from a municipal water supply? If so, who is that supplier? If you are using the water supply from an Event location, name the location (i.e. ABC Fairgrounds). If you are filling up your water supply tanks from a non-public supply such as a well, you must obtain a water test (Total Coliform and Nitrate/Nitrite) for that water supply. **You must provide a copy of that water test result with this application. Those utilizing the Event Sponsors' water supply need not submit test results.** How large is your potable water supply ( in gallons)? What type of water supply tanks are you using? See *Temporary License Guidelines*.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: (Check which one applies)**

\_\_\_\_\_ A municipal/public sewage disposal system.  
Name of Sewage Authority : \_\_\_\_\_

\_\_\_\_\_ A non-public sewage disposal system (i.e. Sand mounds, holding tanks). For on-lot sewage disposal systems, written documentation from a certified Sewage Enforcement Officer stating that the sewage system is operating in a legal manner and with no apparent violations is required. This approval does not apply if the facility is connected to an approved municipal supply.

\_\_\_\_\_ Mobile units / Structures / Tents:  
Please describe in detail how you will be collecting your waste water in your set-up. What size is your collection unit (in gallons)? If portable tanks are being utilized, what kind? Where will this waste water be disposed of? Do you have designated hoses for this disposal? See *Temporary License Guidelines*.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I have attached written documentation for my on-lot sewage disposal system.**

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

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

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

\_\_\_\_\_ List any other refuse or waste collection companies (i.e. grease collection) \_\_\_\_\_

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

**ZONING AND OTHER CODES**

Please **initial** all that apply, **then sign** to certify compliance with the appropriate requirements.

\_\_\_\_\_ Facility is compliant with all Local Zoning requirements if applicable to my facility.

\_\_\_\_\_ Facility is compliant with All Pennsylvania Uniform Construction Code requirements, if applicable (electrical, plumbing, ventilation, structural, etc).

\_\_\_\_\_ A license to collect sales tax has been obtained or applied for.

**A copy of the sales tax license or proof of application must be attached to this application.**

For information on applying for a sales tax license, contact the Pennsylvania Department of Revenue (717) 787-8201.

Proof of license or exemption must be provided with application.

\_\_\_\_\_ According to the PA Department of Revenue, my business is exempt from collection of sales tax.

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

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

**FACILITY SERVICE INFORMATION**

If you are applying for a *Sponsored Event/Festival*, list the **EVENT NAME AND DATES:**

\_\_\_\_\_

If you are applying for a temporary license to operate from *one location for 14 calendar days or less*, whether a permanent structure or a mobile unit, list the dates which you plan on operating from this location and the location address:

\_\_\_\_\_

\_\_\_\_\_

**TYPE OF MENU (Check which one applies)**

\_\_\_\_\_ Full Service Menu **\*\* attach menu**      \_\_\_\_\_ Limited Menu      **\*\* attach menu**

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

Do you plan on serving any food undercooked or raw? List: \_\_\_\_\_

Do you have or have you applied for a liquor license?       YES Please supply copy of Liquor License if applicable  
 NO

**PROJECTED SEATING CAPACITY**

\_\_\_\_\_ # of seats (mark "0" if there are no seats in the facility)      \_\_\_\_\_ # of patrons served (projected)

**EMPLOYEE INFORMATION**

\_\_\_\_\_ # of anticipated employees/volunteers

Do you have a Nationally Certified Food Handler on staff?

\_\_\_\_\_ YES: List name \_\_\_\_\_ and **PROVIDE COPY of CERTIFICATE**

\_\_\_\_\_ 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. Visit [www.EatSafePA.com](http://www.EatSafePA.com) to obtain a list of approved courses in your county.

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.

RESPONSIBLE OFFICIAL AT THE ESTABLISHMENT (if not the proprietor listed on this application)

\_\_\_\_\_  
Name and Job Title

\_\_\_\_\_  
Phone Number (valid contact during event)

\_\_\_\_\_  
Email

**SIGNED AFFIDAVIT**

The Applicant understands and agrees that this document is an application for licensure of a Temporary 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:**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Legibly Print Name

**PARTNERSHIP:**

\_\_\_\_\_  
Signature – General Partner Date

\_\_\_\_\_  
Legibly Print Name

\_\_\_\_\_  
Signature – General Partner Date

\_\_\_\_\_  
Legibly Print Name

**CORPORATION OR ASSOCIATION / NON-PROFIT ENTITY:**

\_\_\_\_\_  
Name of Corporation or Non-Profit Entity

\_\_\_\_\_  
Signature of President / VP (circle which) Date

\_\_\_\_\_  
Legibly Print Name

**LIMITED LIABILITY COMPANY (LLC):**

\_\_\_\_\_  
Name of Corporation

\_\_\_\_\_  
Signature – Member Date

\_\_\_\_\_  
Legibly Print Name

\_\_\_\_\_  
Signature – Member Date

\_\_\_\_\_  
Legibly Print Name

**OFFICIAL USE ONLY**

**LICENSE TYPE: Temporary E & D**       14 days same location       Single Event

**STANDARDS FOR REVIEW:**       TEMPORARY       MOBILE       BOTH

**APPROVAL**  
PLANS APPROVED, DATE \_\_\_\_\_      PLANS DENIED, DATE \_\_\_\_\_

Reasons for denial: \_\_\_\_\_

**HEALTH OFFICER** \_\_\_\_\_