

**2020 BUCKS COUNTY DEPARTMENT OF HEALTH
APPLICATION FOR LICENSE TO CONDUCT AND OPERATE A FOOD FACILITY**

In accordance with the provision of the "Local Health Administration Law", No. 315, approved August 24, 1951, PL. 1304, as amended and the Act of May 23 1945, P.L. 926 and the rules and regulations adopted thereunder, I hereby make an application for a license to conduct and operate a food facility as described below.

Act 62 of 1992, requires any person applying for a food establishment license in the Commonwealth to submit written proof that they have applied for or received a PA Department of Revenue Sales and Use Tax License or Exemption Certificate. **This Sales and Use Tax License or Exemption Certificate must be attached to this application. Failure to produce this certificate shall be reason enough to deny the license application.**

Type of License Requested:

<input type="checkbox"/> NEW OR <input type="checkbox"/> CHANGE OF OWNER (FOOD LICENSE IS NOT TRANSFERABLE)
Former Name of Facility: _____

Name and address of the Facility to be shown on the Food Facility License:

Name of Facility	Business Telephone #
Address of Facility	Business Fax #
City	State Zip
Email Address	

Name and address of Applicant/Business Owner/Corporation/Company:

Name of Applicant/Business Owner/Corporation/Company	Applicant's Telephone #
Name of Corporate Officer/Contact	Email Address
Address	City State Zip

Mail to: Facility address or Owner address

*******APPLICATION MUST BE SIGNED AND DATED OR IT WILL BE RETURNED*******

The undersigned agrees to operate this Food Facility in compliance with the current food regulations

Signature of Business Owner/Applicant: _____ Date: _____

A. YEARLY LICENSES:

- (a) Any For-Profit Facility with total square footage over 10,000 square feet - **\$850.00**
- (b) All Food Facilities licensed in conjunction with a PA Liquor License - **\$500.00**
- (c) Facility with Beer License (Bottled Beer) - **\$355.00**
- (d) Microbrewery Selling Beer Manufactured on the Premises; No Food Preparation - **\$160.00**
- (e) Caterer/Commissaries - **\$500.00**
- (f) Food Facilities with 50 or more seats - Including schools with food facilities (private/commercial) - **\$500.00**
- (g) Food Facilities with less than 50 seats - Including schools with food facilities (private/commercial) - **\$325.00**
- (h) Take-out facilities (No seating capacity) - **\$310.00**
- (i) Mobile Food Units (Per Vehicle) - **\$310.00 (Please provide truck information on the back of this application)**
- (j) Non-profit charitable organizations not licensed in conjunction with a PA Liquor License, School Cafeteria and Kitchens (public & religious) - **\$90.00**

B. SEASONAL LICENSES:

- (a) Seasonal 120 Days - **\$210.00**
- (b) Seasonal 180 Days - **\$230.00**

C. FARMERS MARKETS:

- (a) Farm/Flea Market Stand (Seasonal) - **\$150.00 (Please provide market information on the back of this application)**
- (b) Year Round Farmers Market (Limited hours of operation) - **\$210.00**

Fee Submitted: \$_____ (Fee must match type of facility checked above)

**Make check or money order payable to: Bucks County Department of Health
Mail check and application to: 1282 Almshouse Road
Doylestown PA 18901**

Questions, call: 215-345-3318

Farm/Flea Market Stand:

Please provide the following information:

Name and Address of Licensed Commissary/Servicing Facility/Storage Facility:

Name of Facility _____

Address _____

YOU MUST INCLUDE A COPY OF THIS FACILITY'S CURRENT LICENSE FROM THEIR REGULATING AGENCY
(For example, PA Department of Agriculture, USDA, or Local Health Department)

Name, address, days and hours of each market you will be attending:

Farm/Flea Market Site and Address	Days of Operation	Hours of Operation

Mobile Food Unit:

Please provide the following information:

Truck	Make of Truck	Year	Manufacturer's Serial Number	Registration No. (License Plate No)

Please list any events, stops or venues you are planning to attend this year:

Event/Venue Name	Address/Location of Event	Date of Event

Please submit the SA-15 Commissary Verification Form.