

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 from the Pa. Department of Revenue a sales and use tax license or exemption certificate. Failure to produce this documentation shall be reason enough to deny the license application. The documentation must be attached to this application.

TYPE OF LICENSE REQUESTED:

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

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

Name of Facility:	Business Telephone #
Address of Facility:	Business Fax #

2. Name of Applicant/Business Owner/Corporation/Company:

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

3. Please indicate the number of seats and total square footage in this facility and CHECK ONLY ONE of the types below: If food facility does off-site catering, please check box (b) also.

TYPE OF FACILITY

- | | |
|---|--|
| <input type="checkbox"/> a. All Facilities with a Penna. Liquor License | <input type="checkbox"/> f. Mobile Food Unit (SEE ITEM #4) |
| <input type="checkbox"/> b. Commissary / Caterer / Off-Site Catering | <input type="checkbox"/> g. Over 10,000 square feet (NEW FACILITY TYPE FOR 2010) |
| <input type="checkbox"/> c. 50 Seats or More | <input type="checkbox"/> h. Nonprofit Corporation (NO LIQUOR LICENSE)
(Proof of non-profit charitable status must accompany this application) |
| <input type="checkbox"/> d. Less than 50 Seats | <input type="checkbox"/> i. Promotional/Seasonal 120 Days or Less |
| <input type="checkbox"/> e. Take out Service Only | |

Number of Seats in Facility: _____
Total Square Footage: _____ (Food preparation, storage, display and dining area)
Fee Submitted: \$ _____ (Fee Must Match Type of Facility Checked Above)

(SEE CURRENT DEPARTMENT FEE SCHEDULE)

4. Complete only if Applying for a Mobile Food Unit License.

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

NOTE: APPLICATION IS INCOMPLETE WITHOUT THE FOLLOWING INFORMATION:

Name of Certified Food Safety Manager(s) (CFSM) **Certificate No:**
Certification Expiration Date:
Is evidence of PA Department of Revenue Sales and Use License or Exemption Certificate attached? Yes No

*****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: _____

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