CITY / STATE / ZIP CODE

MOBILE NUMBER OR ALTERNATE PHONE NUMBER

## APPLICATION FOR <u>NEW</u> HEALTH LICENSE AND RETAIL FOOD FACILITY PLAN REVIEW

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

## \$175.00 PLAN REVIEW AND LICENSING FEE MUST BE SUBMITTED WITH THE <u>APPLICATION</u>, <u>FLOOR PLAN</u>, <u>MENU</u> 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.

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**EMAIL ADDRESS** 

**BUSINESS MAILING ADDRESS** 

PURPOSE OF THE	PLAN REVIEW			
PLEASE SELECT All THAT APPLY:				
New Food FacilityRemodel of an Existing Facility Name: Change of Food/ Operation Type for Existing Facility Explain:  CONSTRUCT  No Construction or changes to existing facility Remodel of an Existing Facility  Construction or Construction or Construction	Change of Ownership for an Existing Facility Name: Seasonal Unit / Vendor Dates of Operation:to Other Describe:  CTION  Major or New Construction			
Briefly describe construction/change and anticipated time frame for sta	at and completion.			
FACILITY FLOOR PLAN	& EQUIPMENT LIST			
All facilities must submit a copy of a facility floor plan. facility, the location of all food service equipment, a listing and model numbers), water and sewer connection locations surface or finish coat materials of floors, walls and ceilings (including storage areas, trash receptacles, outside refrigera prohibit the use of lead pipe, lead-based solder and fitting i 1991.	g of the equipment (including manufacturer's names s, restroom locations and fixtures, lighting schedules, s, and site plan showing exterior building structures ation units, etc). Commonwealth regulations			
ZONING AND OT	THER CODES			
<ul> <li>Home-based retail facilities:         <ul> <li>Must attach a copy of the Zoning Permit indicating that a food type business can be conducted from the home.</li> </ul> </li> <li>Facility is Compliant with <u>All</u> Local Zoning and Building Code requirements (electrical, plumbing, ventilation, structural, etc).</li> <li>A license to collect sales tax has been obtained or applied for. Attach copy of License or application.         <ul> <li>For information on applying for a sales tax license, contact the Pennsylvania Department of Revenue - (717) 787-8201.</li> </ul> </li> </ul>				
According to the PA Department of Revenue, my business is ex	empt 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)			

FACILITY SERVICE INFORMATION				
SEATING CAPACITY: # of seats (mark "0" if there are no seats in the facility)	NUMBER OF TABLE	ES:	OCCUPANCY LIMIT:	
DAYS OF OPERATION & TIMES (Check days which apply & complete time facility is open)				
Monday Time to to Wednesday Time to to Thursday Time to Thursday Time to Thursday Time to Triday Time to to Triday Time to To Thursday Time to To Thursday Time to To Thursday Time to To Thursday Time to To To Thursday Time To		Fimeto		
TYPE OF SERVICE (Check all that Apply)				
Retail Grocery	Take Out Food Service		Church	
	Catering		Church School	
Bar / Club	Other			
TYPE OF MENU (Check which one Applies)	**** MUST AT	ГАСН СОРУ	OF MENU ****	
Full Service Menu	_Limited Menu			
Specific Food Items List items				
Full Service Grocery with Departments:	BakeryDeli	Café	Produce	
MeatSeafoodDairy _	Other, list			
Do you plan on serving any food undercooked or ra	w? List:			
EM	IPLOYEE INFORMAT	ION	_	
Do you have a Nationally Certified Food Handler o	n staff?			
YES: List name		and <b>PROVIDI</b>	E COPY of CERTIFICATION	
NO: You will have 90 days from the date your supervisory employee with approved certification visit www.EatSafePA.com to obtain a list	fication on staff. of approved courses in your co	ounty.	ntation that you have a	
Do you have an Employee Health Policy which esta (See Sections 46.111 thru 46.115 of the Fo		loyees?		
YES: Employees have been advised of our I	Employee Health Policy.			
NO: <u>Prior to opening</u> , a written or verbal Enemployee of the establishment.	nployee Health Policy must be	established and p	presented to every	
<b>RESPONSIBLE OFFICIAL AT THE ESTABLISHMENT</b> (if not the proprietor listed on this application):				
Name and Job Title				
Mobile Phone Number	Email Address			

## **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. <u>The applicant certifies that all statements and information in this application are true and correct to the best of their knowledge, information <u>and belief</u>, and makes these statements subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities.</u>

□ SOLE PROPRIETOR:	CONTACT EMAIL:			
Signature Date	Legibly Print Name			
□ <u>PARTNERSHIP:</u>	CONTACT EMAIL:			
Signature – General Partner Date	Signature – General Partner Date			
Legibly Print Name	Legibly Print Name			
□ CORPORATION OR ASSOCIATION / NON-PROFIT EN	TITY: 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 Registrat	tion □ Registered Exempt			
PLANS APPROVED, DATE PLANS DENIED, DATE				
Reasons for denial:				
Comments:				
HEALTH OFFICER	DATE:			