

APPLICATION FOR RENEWAL OF RETAIL FOOD SERVICE FACILITY LICENSE

OFFICE USE ONLY PAYMENT INFO AMOUNT: _____ CHECK #: _____ DATE: _____ REC'D BY: _____	BOROUGH OF STROUDSBURG ZONING/CODES ENFORCEMENT 700 SARAH STREET STROUDSBURG, PA 18360 Phone (570) 421-5444 Fax (570) 421-2690 www.StrooudsburgBoro.com	DATE STAMP (Office use only)
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1. OWNER AND FACILITY INFORMATION

Business Owner's Name:	Date of Birth: **Required**
Business Owner's Mailing Address:	
Name of Facility:	
Facility Location:	**LICENSE VALID ONLY AT THIS LOCATION**
Name of Responsible Official at the establishment (if other than owner):	
Indicate Job Title:	Mobile Phone #:
Property Tax I.D.# 1873 _ _ _ _ _	

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

A menu must be provided with your application and fee.

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)
Do you have or have you applied for a liquor license?
<input type="checkbox"/> No <input type="checkbox"/> Yes (Please supply a copy of the Liquor License)

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.

Visit 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.

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. A list of approved food employee certification training programs is listed on the website shown below. Nationally recognized courses and exams include: Prometrics, National Restaurant Association (ServSafe) and National Registry and can be found at:

<https://www.ansica.org/wwwversion2/outside/ALLdirectoryListing.asp?menuID=8&prgID=8&status=4>

6. PAYMENT INFORMATION

Facilities with seating capacity above 50	\$175.00 per year
Facilities with seating capacity of 0 to 50	\$100.00 per year
Non-profit establishments	\$30.00 per year

SEND COMPLETED APPLICATION, MENU 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:
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