

# Borough of Stroudsburg Health Department

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www.StroudsburgBoro.com

## APPLICATION FOR NEW HEALTH LICENSE AND RETAIL FOOD FACILITY PLAN REVIEW

**\$175.00 PLAN REVIEW AND LICENSING FEE**

**MUST BE SUBMITTED WITH THE APPLICATION, FLOOR PLAN, AND MENU**

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 SECTIONS OF THIS APPLICATION**

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

Failure to supply all requested information may result in a delay in licensing 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 processing of your application.

### FACILITY INFORMATION

**ANTICIPATED OPENING DATE:** \_\_\_\_\_ \*

**NAME OF FACILITY:** \_\_\_\_\_

Facility Address	City	State	Zip Code
_____	_____	_____	_____
MONROE	STROUDSBURG BOROUGH		
County	Township/Borough		
( ) _____	( ) _____		
Phone Number	Fax Number		
_____	( ) _____		
Email Address	Mobile Number or Alternate Phone Number		

**BUSINESS OWNER NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
(\*\*REQUIRED\*\*)

Mailing Address \_\_\_\_\_ City / State / Zip Code \_\_\_\_\_

**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 Temporary Health License application.**

**\*OFFICE USE ONLY\***      **PAYMENT REC'D BY:** \_\_\_\_\_  
**AMOUNT:** \_\_\_\_\_ **CHECK #:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## PURPOSE OF THE PLAN REVIEW

PLEASE SELECT All THAT APPLY:

- New Food Facility
   
  Change of Ownership for an Existing Facility  
 Remodel of an Existing Facility
   
  Change of Food or Operation Type for an Existing Food Facility  
 Seasonal Unit / Vendor
   
  Other, Describe \_\_\_\_\_  
 Dates of Operation: \_\_\_\_\_ to \_\_\_\_\_

## CONSTRUCTION

- No Construction or changes to existing facility  
 Equipment Change
   
  Minor Construction
   
  Major or New Construction

Briefly describe construction/change and anticipated time frame for start and completion.

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## FACILITY FLOOR PLAN & EQUIPMENT LIST

**All facilities must submit a copy of a facility floor plan.** This plan must include the basic lay out of the facility, the location of all food service equipment, a listing of the equipment (including manufacturer's names and model numbers), water and sewer connection locations, restroom locations and fixtures, lighting schedules, surface or finish coat materials of floors, walls and ceilings, and site plan showing exterior building structures (including storage areas, trash receptacles, outside refrigeration units, etc...). Commonwealth regulations prohibit the use of lead pipe, lead-based solder and fitting in potable water drinking systems after January 6, 1991.

## ZONING AND OTHER CODES

- Home-based retail facilities:  
       Must attach a copy of the Zoning Permit indicating that a food type business can be conducted from the home.
- Facility is Compliant with All Local Zoning and Building Code requirements (electrical, plumbing, ventilation, structural, etc).
- A license to collect sales tax has been obtained or applied for. Attach copy of License or application.  
       For information on applying for a sales tax license, contact the Pennsylvania Department of Revenue - (717) 787-8201.
- According to the PA Department of Revenue, my business is exempt 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) \_\_\_\_\_

<b>FACILITY SERVICE INFORMATION</b>
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**SEATING CAPACITY:** \_\_\_\_\_ # of seats      **NUMBER OF TABLES:** \_\_\_\_\_      **OCCUPANCY LIMIT:** \_\_\_\_\_  
(mark "0" if there are no seats in the facility)

**DAYS OF OPERATION & TIMES (Check days which apply & complete time facility is open)**

_____ Monday    Time _____ to _____	_____ Saturday    Time _____ to _____
_____ Tuesday    Time _____ to _____	_____ Sunday    Time _____ to _____
_____ Wednesday    Time _____ to _____	
_____ Thursday    Time _____ to _____	
_____ Friday    Time _____ to _____	

**TYPE OF SERVICE (Check all that Apply)**

_____ Retail Grocery	_____ Take Out Food Service	_____ Church
_____ Dine-In Food Service	_____ Catering	_____ School
_____ Bar / Club	_____ Other _____	

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

**\*\*\*\* MUST ATTACH MENU \*\*\*\***

\_\_\_\_\_ Full Service Menu      \_\_\_\_\_ Limited Menu

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

\_\_\_\_\_ Full Service Grocery with Departments: \_\_\_\_\_ Bakery \_\_\_\_\_ Deli \_\_\_\_\_ Café \_\_\_\_\_ Produce \_\_\_\_\_

\_\_\_\_\_ Meat \_\_\_\_\_ Seafood \_\_\_\_\_ Dairy \_\_\_\_\_ Other, list \_\_\_\_\_

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

<b>EMPLOYEE INFORMATION</b>
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Do you have a Nationally Certified Food Handler on staff?

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

\_\_\_\_\_ 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 which establishes how to handle ill employees.

(See Sections 46.111 thru 46.115 of the Food Code for clarification)

\_\_\_\_\_ YES: Employees 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

\_\_\_\_\_  
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. **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:**

**CONTACT EMAIL:** \_\_\_\_\_

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

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

**PARTNERSHIP:**

**CONTACT EMAIL:** \_\_\_\_\_

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

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

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

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

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

**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

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**OFFICIAL USE ONLY**

**LICENSE TYPE**     **E & D**             Retail Food Store Registration             Registered Exempt

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

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

**HEALTH OFFICER** \_\_\_\_\_ **DATE:** \_\_\_\_\_