

Borough of Stroudsburg Health Department

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www. StroudsburgBoro.com

APPLICATION AND PLAN REVIEW FOR TEMPORARY RETAIL FOOD LICENSE

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 INFORMATION.

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

Failure to supply all requested information may result in a delay in licensing your facility. Please allow two weeks for processing of your plan review.

Temporary Licenses should be applied for approximately 60 days prior to the Event or initial sale of food.

FEE: \$30.00

A Temporary License is:

A license that is the following:

- (A) Issued to the operator selling in conjunction with an event or celebration **AND**
- (B) Valid for the duration of the particular event or celebration of no more than 14 days duration (whether these days are consecutive or non-consecutive) **AND**
- (C) Issued to the operator with respect to no more than (3) three events or celebrations in a particular calendar year

OR

A license that is the following:

- (A) Issued to a food facility operator, whether stationary or mobile **AND**
- (B) In operation for a total of no more than 14 days within a particular calendar year **AND**
- (C) Not in conjunction with an event or celebration

OFFICE USE ONLY

PAYMENT REC'D BY: _____

AMOUNT: _____ **CHECK #:** _____ **DATE:** _____

WATER, SEWER, WASTE INFORMATION

WATER:

The facility is on, or will use: (Check which one applies)

_____ A public / municipal water supply. Supplier: _____

_____ A non-public / non-municipal / private water supply (example: well water).
These water supplies must be approved by DEP, Department of Environmental Protection (717-783-2300). Written documentation must be provided. **A current water test must be provided.**

_____ Mobile units / Structures / Tents:
Please describe your water supply to be used for this unit. Are you filling up from a municipal water supply? If so, who is that supplier? If you are using the water supply from an Event location, name the location (i.e. ABC Fairgrounds). If you are filling up your water supply tanks from a non-public supply such as a well, you must obtain a water test (Total Coliform and Nitrate/Nitrite) for that water supply. **You must provide a copy of that water test result with this application. Those utilizing the Event Sponsors' water supply need not submit test results.** How large is your potable water supply (in gallons)? What type of water supply tanks are you using? See *Temporary License Guidelines*.

A Current Water Test is Attached and / or I Understand that it is My Responsibility to use ONLY Approved & Tested Water Supplies if Mobile.

Applicant Signature _____

SEWER:

The facility is: (Check which one applies)

_____ A municipal/public sewage disposal system.
Name of Sewage Authority : _____

_____ A non-public sewage disposal system (i.e. Sand mounds, holding tanks). For on-lot sewage disposal systems, written documentation from a certified Sewage Enforcement Officer stating that the sewage system is operating in a legal manner and with no apparent violations is required. This approval does not apply if the facility is connected to an approved municipal supply.

_____ Mobile units / Structures / Tents:
Please describe in detail how you will be collecting your waste water in your set-up. What size is your collection unit (in gallons)? If portable tanks are being utilized, what kind? Where will this waste water be disposed of? Do you have designated hoses for this disposal? See *Temporary License Guidelines*.

I have attached written documentation for my on-lot sewage disposal system.

Applicant Signature _____

REFUSE:

(Check all that apply & complete fully)

_____ The food facility refuse/trash collector is _____ (company name)

_____ List any other refuse or waste collection companies (i.e. grease collection) _____

_____ This facility is a mobile unit and will use various approved refuse sites for disposal of refuse and waste.

ZONING AND OTHER CODES

Please initial all that apply, then sign to certify compliance with the appropriate requirements.

_____ Facility is compliant with all Local Zoning requirements if applicable to my facility.

_____ Facility is compliant with All Pennsylvania Uniform Construction Code requirements, if applicable (electrical, plumbing, ventilation, structural, etc).

_____ A license to collect sales tax has been obtained or applied for.

A copy of the sales tax license or proof of application must be attached to this application.

For information on applying for a sales tax license, contact the Pennsylvania Department of Revenue (717) 787-8201.

Proof of license or exemption must be provided with application.

_____ According to the PA Department of Revenue, my business is exempt from collection of sales tax.

I certify that the facility is compliant with the above initialed requirements and any required supporting documentation is attached.

Applicant Signature _____

FACILITY SERVICE INFORMATION

If you are applying for a *Sponsored Event/Festival*, list the name and dates of the Event:

If you are applying for a temporary license to operate from *one location for 14 calendar days or less*, whether a permanent structure or a mobile unit, list the dates which you plan on operating from this location and the location address:

TYPE OF MENU (Check which one applies)

_____ Full Service Menu **** attach menu** _____ Limited Menu **** attach menu**

_____ Specific Food Items List items _____

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

Do you have or have you applied for a liquor license? YES Please supply copy of Liquor License if applicable
 NO

PROJECTED SEATING CAPACITY

_____ # of seats (mark "0" if there are no seats in the facility) _____ # of patrons served (projected)

EMPLOYEE INFORMATION

_____ # of anticipated employees/volunteers

Do you have a Nationally Certified Food Handler on staff?

_____ YES: List name _____ and **PROVIDE COPY of CERTIFICATE**

_____ 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.

RESPONSIBLE OFFICIAL AT THE ESTABLISHMENT (if not the proprietor listed on this application)

Name and Job Title

Phone Number (valid contact during event)

Email

SIGNED AFFIDAVIT

The Applicant understands and agrees that this document is an application for licensure of a Temporary 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:

Signature Date

Legibly Print Name

PARTNERSHIP:

Signature – General Partner Date

Legibly Print Name

Signature – General Partner Date

Legibly Print Name

CORPORATION OR ASSOCIATION / NON-PROFIT ENTITY:

Name of Corporation or Non-Profit Entity

Signature of President / VP (circle which) Date

Legibly Print Name

LIMITED LIABILITY COMPANY (LLC):

Name of Corporation

Signature – Member Date

Legibly Print Name

Signature – Member Date

Legibly Print Name

OFFICIAL USE ONLY

LICENSE TYPE: Temporary E & D 14 days same location Single Event

STANDARDS FOR REVIEW: TEMPORARY MOBILE BOTH

APPROVAL
PLANS APPROVED, DATE _____ PLANS DENIED, DATE _____

Reasons for denial: _____

HEALTH OFFICER _____