



# DELAWARE COUNTY HEALTH DEPARTMENT

## FOOD FACILITY LICENSE APPLICATION

Please **PRINT** in all fields. Incomplete applications will be returned and will delay processing time/issuance of license.

Check (✓) type of application:

☐ Initial Application

☐ Change of Ownership

☐ Renewal Application

### Facility Information

Facility Name:			
Street Address:			
City:	State: PA	Zip:	Municipality:
Contact Name for Facility:			Phone:
Fax:	Mobile:		Email:

### Owner Information

Owner Name:			
Street Address:			
City:	State:	Zip:	Phone:
Fax:	Mobile:		Email:

**ALL NEW FOOD FACILITIES or FACILITIES UNDERGOING A CHANGE IN OWNERSHIP ARE REQUIRED TO HAVE A PLAN REVIEW APPROVED BY THIS DEPARTMENT PRIOR TO APPLYING FOR A LICENSE.**

If Change of Ownership,

Former name of facility: \_\_\_\_\_

Former owner name: \_\_\_\_\_

If applicable, enter the plan review number here: \_\_\_\_\_

Facility Type:

Total square footage of facility: \_\_\_\_\_ Total number of seats in facility: \_\_\_\_\_

Does this facility have a Liquor License? ☐ Yes ☐ No If yes, what is the license number: \_\_\_\_\_

Does the facility act as a commissary? ☐ Yes ☐ No

If yes, please provide a list of current businesses the facility supports as a commissary.

Will the facility perform any Specialized Processes such as: Sous Vide, Cook-Chill, Vacuum Packing (ROP), Curing/Smoking for preservation, Sprouting, Fermentation, Acidification, Canning?

☐ Yes, if yes please include a copy of a HACCP Plan

☐ No

*\*Specialized processes must have a HACCP plan **submitted** with this application and **approved prior** to processing foods.*



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License Type – Check the appropriate License type:

✓	<u>License Type</u>	<u>Fee</u>
	Food Facility with Less than 50 Seats	\$266
	Food Facility with 50 or more seats	\$380
	Food Facility more than 10,000 sq. ft.	\$570
	Food Facility in Conjunction with a PA Liquor License	\$380
	Beverage Manufactured on Premises with Tasting Room, No Food Prep	\$142
	Take Out only Food Facility	\$261
	Retail Outlet	\$190
	Commissary/Caterer	\$266
	Tax Exempt Food Facility	\$47
	School Food Facility with Private/Commercial Vendor	\$332
	School Meal Program Inspection	\$190

### Establishment Information

Water Supply: ☐ Municipal ☐ On-Site Well  
Sewage: ☐ Public ☐ On-lot Sewage

Application is hereby made for license to operate a food service establishment in Delaware County. By signing this application, you certify that the facts set forth on this application are true and correct, understanding that the submission of false or misleading information is grounds for suspension or revocation of license. Also, you agree that the establishment will comply with the Delaware County Public Health Code. You indicate that you have complied with applicable provisions of Act 62 of 1992, which requires any person applying for a food establishment license in the Commonwealth to apply for a Sales and Use Tax License or exemption certificate from the Pennsylvania Department of Revenue.

Print name of owner/authorized agent

Signature of owner/authorized agent

Date

### TO BE COMPLETED BY EHS ONLY

Fee Due:	Payment Method:	Payment Date:
EHS Approval Sign:	EHS Approval Name:	Approval Date:

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## FOOD FACILITY LICENSE APPLICATION

### Checklist

1. Complete and sign the Food Facility License Application (type or print legibly)
2. Provide supporting documentation:
  - ☐ Most recent Food License
  - ☐ Copy of valid Food Manager Safety Certificate from an ANSI approved program
  - ☐ Menu(s)
  - ☐ If facility is a commissary, provide a list of current businesses the facility supports.
3. Submit application packet and fee to DCHD:
  - Email pdf documents to: [environmental@co.delaware.pa.us](mailto:environmental@co.delaware.pa.us)
4. Required fee- online credit card payments are accepted once application is received
  - Fee payment instructions will be provided via email

