

DELAWARE COUNTY HEALTH DEPARTMENT  
INSTITUTION CERTIFICATION APPLICATION

Check (✓) type of application:

Initial Application     Change of Ownership     Renewal Application

Check (✓) type of Institution:

School No Higher than Kindergarten     School     Day Care Facility  
 Hospital     Long Term Care Facility

**Facility Information**

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

***Licenses and Invoices will be mailed to the Facility Mailing Address***

**Owner Information**

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

**ALL NEW 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 Information:**

Does the facility have a Pool or Spa?     Yes     No

If yes, please provide Pool or Spa Certificate # issued by the DCHD. \_\_\_\_\_

Does the facility serve food?     Yes     No

If yes, please provide food facility license # issued by the DCHD. \_\_\_\_\_

**DELAWARE COUNTY HEALTH DEPARTMENT**  
**INSTITUTION CERTIFICATION APPLICATION**

License Type – Check the appropriate License type:

<input checked="" type="checkbox"/>	<u>License Type</u>	<u>Fee</u>
	School	\$237
	School No Higher Than Kindergarten	\$142
	Day Care Facility	\$142
	Hospital	\$285
	Long Term Care Facility	\$285

**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.

Print name of owner/authorized agent

Signature of owner/authorized agent

Date

**DELAWARE COUNTY HEALTH DEPARTMENT**

**TO BE COMPLETED BY EHS ONLY**

<b>Fee Due:</b>	<b>Payment Method:</b>	<b>Payment Date:</b>
<b>EHS Approval Sign:</b>	<b>EHS Approval Name:</b>	<b>Approval Date:</b>

**DELAWARE COUNTY HEALTH DEPARTMENT**  
**INSTITUTION CERTIFICATION APPLICATION****Checklist**

1. Complete and sign the Institution Certification Application (type or print legibly)
2. Provide supporting documentation:
  - Copy of most recent Certification
  - If a pool or spa is provided, copy of the most recent DCHD Public Bathing Place Certification
  - If food service is provided, a copy of the most recent Food License
3. Submit application packet 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

