



## DELAWARE COUNTY HEALTH DEPARTMENT MOBILE 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       Renewal Application

### Facility Name and Address

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***

### Facility Owner Information

Facility 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 Applicable enter the plan review number here: \_\_\_\_\_

If Change of Ownership, former name of Facility: \_\_\_\_\_

Former Facility Owner Name: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_

Type of Mobile Food Facility:

<input type="checkbox"/> Truck	<input type="checkbox"/> Foot Peddler
<input type="checkbox"/> Trailer Hitch Unit	<input type="checkbox"/> Stick Stand
<input type="checkbox"/> Pushcart Stand	<input type="checkbox"/> Other: _____

Location of readily available restrooms \_\_\_\_\_

Vending Locations \_\_\_\_\_

Please include a copy of the following items with your application:

<input type="checkbox"/> Food Safety Manager Certification	<input type="checkbox"/> Proof of Vehicle Inspection
<input type="checkbox"/> Commissary Inspection Report	<input type="checkbox"/> Proof of Vehicle Registration
<input type="checkbox"/> Commissary Food License	<input type="checkbox"/> Proof of Vehicle Insurance



## DELAWARE COUNTY HEALTH DEPARTMENT MOBILE FOOD FACILITY LICENSE APPLICATION

### Commissary Information:

Is this Commissary inspected by the Delaware County Health Department?  YES  NO

<b>Commissary Name:</b>		
Commissary Owner:		
Commissary Street Address:	Commissary City, State, Zip Code:	
Commissary Telephone:	Commissary E-mail:	
Days Reporting to Commissary:	Hours Reporting to Commissary:	
Food Storage Location(s):		
Commissary Facility Water Supply: <input type="checkbox"/> Municipal <input type="checkbox"/> Well	Commissary Facility Sewage Disposal: <input type="checkbox"/> Municipal <input type="checkbox"/> Septic	<i>If Commissary Facility is Using Well/Septic</i> Well Permit #: _____ Septic Permit #: _____

The above Commissary is used for the following:

<input type="checkbox"/> Food Storage and/or Food Preparation	<input type="checkbox"/> Supplies
<input type="checkbox"/> Fresh Water Supply	<input type="checkbox"/> Cleaning of Equipment/Utensils
<input type="checkbox"/> Grey Water Disposal	<input type="checkbox"/> Solid Waste Disposal



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License Type – Check the appropriate License type:

<input checked="" type="checkbox"/>	<u>License Type</u>	<u>Fee</u>
	Mobile Food Facility	\$261
	Mobile Retail Outlet	\$190

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

<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>



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### Checklist

1. Complete and sign the Mobile Food Facility License Application (type or print legibly)
2. Provide supporting documentation:
  - Copy of valid Food Manager Safety Certificate from an ANSI approved program
  - Most recent DCHD Food License
  - Most recent Food License for Commissary
  - Proof of Vehicle Inspection
  - Proof of Vehicle Registration
  - Proof of Vehicle Insurance
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

