



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"/> Other: _____ |
| <input type="checkbox"/> Pushcart Stand | |

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 | <input type="checkbox"/> Proof of Vehicle Registration |
| <input type="checkbox"/> Commissary License | <input type="checkbox"/> Proof of Vehicle Insurance |



DELAWARE COUNTY HEALTH DEPARTMENT

MOBILE FOOD FACILITY LICENSE APPLICATION

Commissary Information

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

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

A copy of the most recent food license and inspection report for the Commissary must be included with this application.

License Type – Check the appropriate License type:

<input checked="" type="checkbox"/>	License Type	Fee
	Mobile Food Facility	\$261
	Mobile Retail Outlet (Commercially Prepacked Foods Only)	\$190

Application fee \$ _____ See fee schedule. Fee **MUST** be filed with application. All checks and money orders are made payable to **Delaware County Health Department.**

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:

DELAWARE COUNTY HEALTH DEPARTMENT

MOBILE FOOD FACILITY LICENSE APPLICATION

Checklist

1. Obtain an application from the Delaware County Health Department (DCHD) [website](https://www.delcopa.gov/health/environmentalhealth.html)
(<https://www.delcopa.gov/health/environmentalhealth.html>)

Please use the Institution Application

2. Complete the application (please type or print legibly to prevent delays)
3. Provide supporting documentation:
4. Please include a copy of the following items with your application.

- ☐ Food Safety Manager Certification
- ☐ Commissary Food License
- ☐ Commissary Most Recent Inspection Report
- ☐ Proof of Vehicle Inspection
- ☐ Proof of Vehicle Registration
- ☐ Proof of Vehicle Insurance

5. Required fee- check, money order, or credit card payments are accepted

See fee schedule

6. Submit application packet and fee to DCHD:

- Hand-deliver Monday-Friday 8:30 AM - 4:30 PM:
1510 Chester Pike, Baldwin Towers 7th Fl, Suite 700, Eddystone, PA 19022
- Mail:
Delaware County Health Department- Environmental Health Division
1510 Chester Pike
Baldwin Towers 7th Fl, Suite 700
Eddystone, PA, 19022
Phone: 484-276-2100