



# 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:	

**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 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.

Does the facility have a Frozen Dessert Machine?  Yes  No

Frozen Dessert License # issued by the Pennsylvania Department of Agriculture: \_\_\_\_\_

Laboratory Testing Agency: \_\_\_\_\_

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 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**

<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. 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 Food Facility License Application
2. Complete the application (please type or print legibly to prevent delays)
3. Provide supporting documentation:
  - Most recent food license issued by DCHD or local Delaware County municipality
  - Copy of valid Food Manager Safety Certificate from an ANSI approved program
  - Menu
  - If facility is a commissary, please provide a list of current businesses the facility supports.
4. Required fee- check, money order, or credit card payments are accepted  
See fee schedule
5. Submit application packet and fee to DCHD:
  - Hand-deliver Monday-Friday 8:30 AM - 4:30 PM:  
1510 Chester Pike, Baldwin Towers 7<sup>th</sup> Fl, Suite 700, Eddystone, PA 19022
  - Mail:  
Delaware County Health Department- Environmental Health Division  
1510 Chester Pike  
Baldwin Towers 7<sup>th</sup> Fl, Suite 700  
Eddystone, PA, 19022  
Phone: 484-276-2100