

BUCKS COUNTY DEPARTMENT OF HEALTH

APPLICATION FOR LICENSE TO CONDUCT AND OPERATE A FARM/FLEA MARKET STAND

1. Type of License Requested:

- NEW
 CHANGE OF OWNERSHIP (FOOD LICENSE IS NOT TRANSFERABLE)

2. Name of Applicant/Business Owner/Corporation/Company:

- SOLE PROPRIETOR/PARTNERSHIP _____
 CORPORATION (CORPORATION NAME) _____

Applicant Name _____ Address _____

Telephone Number _____ Email _____

3. Name and Address of Licensed Commissary/Service Facility/Storage Facility:

(YOU MUST INCLUDE A COPY OF THIS FACILITY'S CURRENT LICENSE FROM THEIR REGULATING AGENCY, e.g. PA Department of Agriculture, USDA, Local Health Department)

Name of Facility _____

Address _____

4. Name, address, days and hours of each market you will be attending:

Farm/Flea Market Site and Address	Days of Operation	Hours of Operation

5. Fee Submitted: \$ _____ (See current fee schedule)

****Please attach a copy of a current PA Department of Revenue Sales and Use License or Exemption Certificate****

6. -The undersigned agrees to operate this Food Facility in compliance with the current food regulations

SIGNATURE of Business Owner/Applicant: _____ Date: _____

NOTE: THE OWNER OF THE BUSINESS OR A CORPORATE OFFICER MUST SIGN THIS APPLICATION.

Make check or money order payable to:

Bucks County Department of Health

Mail Application to:

Bucks County Department of Health
Neshaminy Manor Center
1282 Almshouse Road
Doylestown, PA 18901