

# BUCKS COUNTY DEPARTMENT OF HEALTH APPLICATION FOR LICENSE TO CONDUCT AND OPERATE A FOOD FACILITY

In accordance with the provision of the "Local Health Administration Law", No. 315, approved August 24, 1951, PL. 1304, as amended and the Act of May 23 1945, P.L. 926 and the rules and regulations adopted thereunder, I hereby make an application for a license to conduct and operate a food facility as described below.

Act 62 of 1992, requires any person applying for a food establishment license in the Commonwealth to submit written proof that they have applied for or received from the Pa. Department of Revenue a sales and use tax license or exemption certificate. Failure to produce this documentation shall be reason enough to deny the license application. The documentation must be attached to this application.

## TYPE OF LICENSE REQUESTED:

<input type="checkbox"/>	<b>NEW</b>
<input type="checkbox"/>	<b>CHANGE OF OWNERSHIP</b>
	<b>Name of Former Owner:</b> _____
	<b>Former Name of Facility:</b> _____

### 1. Name and address of the Facility to be shown on the Food Facility License.

Name of Facility:	Business Telephone #
Address of Facility:	

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

Name of Applicant	Applicant's Telephone #
Address	City State Zip

### 3. Please indicate the number of seats in this facility and CHECK *ONLY ONE* of the types below:

If food facility does off-site catering, please check box (b) also.

**Type of Facility**

- a. All Facilities with a Penna. Liquor License
- b. Commissary / Caterer / Off-Site Catering
- c. 50 Seats or More
- d. Less than 50 Seats

**Type of Facility**

- e. Take out Service Only
- f. Mobile Food Unit (See Item #4)
- \*g. Nonprofit Corporation (NO LIQUOR LICENSE)
- h. Promotional/Seasonal 120 Days or Less

**Number of seats in Facility:** \_\_\_\_\_

\*Proof of Non-profit charitable status must accompany this application.

**FEE SUBMITTED:** \_\_\_\_\_ **FEE MUST MATCH TYPE OF ESTABLISHMENT CHECKED ABOVE**  
(SEE CURRENT DEPARTMENT FEE SCHEDULE)

### 4. Complete *only* if Applying for a Mobile Food Unit License.

Truck	Make of Truck	Year	Manufacturer's Serial Number	Registration No. (License Plate No)

**NOTE: APPLICATION IS INCOMPLETE WITHOUT THE FOLLOWING INFORMATION:**

**Name of Certified Food Safety Manager(s) (CFSM)** \_\_\_\_\_ **Certificate No:** \_\_\_\_\_  
**Certification Expiration Date:** \_\_\_\_\_

Has CFSM changed since last license issued?  Yes  No

Is evidence of PA Department of Revenue Sales and Use License or Exemption Certificate attached?  Yes  No

**– 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, 1282 Almshouse Road, Doylestown PA. 18901**  
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