

BUCKS COUNTY DEPARTMENT OF HEALTH APPLICATION FOR RENEWAL OF 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 a renewal 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.

Application for renewal shall be made 45 days prior to the expiration of the license.

- Facility. I.D.; Expiration Date of Current License
- Name of Facility
- Mailing Address of Facility
- Township or Borough
- Business Owner/Applicant

1. Is the name and address of the facility correct as shown above? Yes No
 Is the business owner/applicant same as shown above? Yes No
 If NO, please indicate changes here:

Name of Facility	Business Telephone #
Name of Applicant/Business Owner/Corporation/Company	Applicant's Telephone #
Address	City
State	Zip

2. 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 FACILITY CHECKED ABOVE
 (SEE CURRENT DEPARTMENT FEE SCHEDULE)

3. Does the facility currently have a restricted license (No CFSM required)? Yes No
 If so, do you certify that the operation of the facility has not changed during the past year for a restricted licensed to be issued again? Yes 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

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)

—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**
 SA-13R 4/05