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:

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

Name of Former Owner:_____

Former Name of Facility:_____

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

Name of Facility:	Business Telephone #
Address of Facility:	Business Fax #

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

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

3. Please indicate the number of seats and total square footage 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
- ❑ e. Take out Service Only
- ❑ f. Mobile Food Unit (SEE ITEM #4)
- ❑ g. Over 10,000 square feet feet (NEW FACILITY TYPE FOR 2010)
- ❑ h. Nonprofit Corporation (NO LIQUOR LICENSE) **(Proof of non-profit charitable status must accompany this application)**
- ❑ i. Promotional/Seasonal 120 Days or Less

Number of Seats in Facility:_____
Total Square Footage:_____ **(Food preparation, storage, display and dining area)**
Fee Submitted: $_____ **(Fee Must Match Type of Facility 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:

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**