

BOROUGH OF CHAMBERSBURG

▶ APPLICATION FOR A PERMANENT RETAIL FOOD LICENSE ◀

As adopted by Ordinance No. 2012-04

Permanent Licenses should be applied for approximately 60 days prior to the initial sale of food.

Please make check payable to: Pa Municipal Code Alliance (PMCA)
405 Wayne Avenue
Chambersburg PA 17201

Questions? Call: 717-387-0025

SECTION 1: FACILITY INFORMATION

NAME of Facility		Email Address		
LOCATION/Address of Facility:	Street	City	State	Zip Code
MAILING ADDRESS (if other than Above)	Street	City	State	Zip Code
Phone Number	Fax Number	Cell Phone Number		

SECTION 2: Fee(s) and Facility details

License Type: Retail Food Facility – Permanent:

See last sheet of application for fees

License Fee \$ _____
Catering Fee \$ _____
Delivery Fee \$ _____
TOTAL \$ _____

This facility is a: Permanent Structure/Building
 Mobilized Unit (Any operation that moves around)
 Not a Structure/Building or Mobile Unit, but always operating at the same location.
(i.e. Market Stand, Barbeque operation, Stick Stand, etc.)

Please check which applies:

- Renew Existing Food Facility License
- New Food Facility
- New construction of a food facility
 - A new food business (in an existing physical structure not previously a food business)
 - Opening a food business that has been non-operational for more than 3 months
 - Currently operating (within the prior 3 months)
- Change of Ownership (A currently operating food business that will have new ownership)
- Remodel/Change to an Existing Operating Facility (A currently licensed and active food facility that is remodeling (non-aesthetic) part or all of the facility or is significantly changing food service style or processing methods.)
- Other Describe: _____

REFUSE: (Check all that apply)

- We will be using a refuse/trash collector – Name of Company: _____
- List any other refuse/waste collection companies (ex: grease collection) _____
- This facility is a mobile unit and will use various approved refuse sites for disposal of refuse and waste.

Explain: _____

Mobile Units/Structures/Tents:

Please describe your water supply to be used for this unit. Are you filling up from a municipal water supply? If so, who is that supplier? If you are using the water supply from an Event location, name the location (ABC Fairgrounds). If you are filling up your water supply tanks from a non-public supply such as a well, you must obtain a water test (Total Coliform and Nitrate/Nitrite) for that water supply. **You must provide a copy of that water test result with this application. Those utilizing the Event Sponsors water supply need not submit test results.** How large is your potable water supply in gallons? What type of water supply tanks are you using? See Temporary License Guidelines.

SECTION 3: Construction/Structural Information

- New Construction
- No Construction or Changes to the Existing Facility
- Major Remodel of an Existing Facility
- Major Equipment Change or Addition
- Minor Construction
- This is not a Structure or Building (i.e. mobile unit, stick stand)

SECTION 4: Zoning and other Codes

- I have verified compliance with Borough Zoning requirements.
- I have verified compliance with All Building Code requirements (electrical, plumbing, ventilation, structural, etc.), where applicable.

SECTION 5: Facility Service Information:

If mobile: Events or locations you routinely attend or set up/ sell at:

TYPE OF SERVICE (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Retail Grocery Store | <input type="checkbox"/> Dine-In Food Service |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Take-Out Food Service |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Mobile Facility |
| <input type="checkbox"/> Church/Fire Hall/Non-Profit | <input type="checkbox"/> Bar/Club |
| <input type="checkbox"/> School | <input type="checkbox"/> Organized Camp |
| <input type="checkbox"/> Salvage Food | <input type="checkbox"/> On-the-Farm Retail Store |
| <input type="checkbox"/> Farmer Market Stand | <input type="checkbox"/> Food Delivery |

Other, Describe: _____

Do you have or have you applied for a liquor license?

- Yes
- No

Projected Capacity

_____ Number of seats (Include inside and outside seating as Described in the instructions. Mark "O" if no seating provided)

_____ Patrons served daily (estimate)

Days/Hours of Operation (Ex. Monday-Friday, 6:00 a.m.-11:00 p.m.)

Grease Interceptor

Do you have a Grease Interceptor: Yes No

If you have a Grease Interceptor (trap), it is your responsibility to have it regularly cleaned and serviced. A yearly inspection fee of \$30.00 will be charged at time of grease trap inspection. An inspector from the Borough of Chambersburg will contact you to make arrangements for the yearly inspection. If the Inspector must re-inspect, there will be an additional fee of \$50.00, payable prior to the re-inspection.

SECTION 6: Facility Structure

The Applicant understands and agrees that this document is an application for licensure of a permanent retail food facility. The applicant understands and agrees that only a "proprietor" of a retail food facility may obtain a retail food facility license; and that a "proprietor" may be a person, partnership, association or corporation operating a retail food facility within the Commonwealth of Pennsylvania. The applicant verifies that it is the "proprietor" of the retail food facility that is the subject of this application. I hereby acknowledge receipt of Health License Application Packet. I have thoroughly reviewed all information and have willingly completed the application form. I acknowledge that all the information is true and correct to the best of my knowledge and that I am an owner or authorized agent of the corporation. I understand that any falsification of this document will result in it being null and void. It is to be noted that submission of a false statement to a public official, pursuant to Section 4904 of Title 18 of the Pennsylvania Crimes Code, constituting a misdemeanor of the third degree offense, punishable by a fine and imprisonment of not more than one year.

► CHECK OFF, FILL IN AND SIGN THE APPROPRIATE BLOCKS ◀

Proprietor/Owner Type:

- Sole Proprietor Co-op Corporation
- Non-Profit or Association Partnership
- Limited Liability Co. (LLC) Name of: _____
- Limited Liability Partnership (LLP) Name of: _____

Signature of Owner / Agent

Position/Title

Date

Print Name

Email Address

Phone Number

Fax Number

Cell Phone Number

Signature of Witness

Print Name

Date

ALL Applications must include:

- Correct Fee made payable to CCIS – See Fees on the last page of this application.
- Copy of proposed menu – Menu must include language indicating: Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of food-borne illness.
- Copy of supervisory employee's PA Food Employee Certification Card.

If Application is for renovations or new construction - You Must Attach the Following:

- Detailed floor plan of kitchens / bars / establishment
- Detailed list of all equipment with specification sheets
- Detailed Construction / Renovation plans including plumbing & electric*
* All plumbing and electrical work must be done by a plumber or electrician licensed by the Chambersburg Borough, must have a third party inspection when applicable and must have a permit where applicable.

Health License Specifics

- 1.) All Health Licenses expire on December 31 of that issuance year, unless otherwise noted.
- 2.) A license is for that establishment, at that location, for that owner. They are not transferable. All changes from original application should be submitted to this office, in writing within 10 days.
- 3.) All licensed establishments must file an amended application before equipment changes, renovations or extensive menu changes (25% of menu). Changes are subject to approval of this office
- 4.) All licensed establishments are subject to formal and informal inspections at any time. The results of a formal inspection are public domain and may be provided in a public forum.
- 5.) All licenses are subject to suspension, revocation and administrative actions that may include prosecution for Food Code Violations which may result in financial penalties for failure to follow applicable laws, administrative rules & regulations and guidelines regarding food service and codes violations relating to the entire property-containing establishment. Your facility will be closed when the license is suspended or revoked.
- 6.) Please be attentive to all your responsibilities and duties related to this license. Cleanliness, proper temperatures, good employee supervision, and attention to compliance with the State Food Code is mandatory.