

BOROUGH OF EAST STROUDSBURG-BOARD OF HEALTH

RETAIL FOOD FACILITY

**RETAIL FOOD FACILITY LICENSE
APPLICATION AND PLAN REVIEW**

Chapter 46, Food Code, the Rules and Regulations of the PA Department of Agriculture are issued un the Retail Food Facilities Safety Act of 2010 (3 C.S. § 5701 et al.) and requires that properly prepared plans and specifications for construction, remodeling or alteration of a retail food facility must be submitted to and approved by the Department before food can be prepared, served and sold.

SECTION 1: Complete and Move to Section 2

PURPOSE OF THE PLAN REVIEW

LICENSE TYPE: RETAIL FOOD FACILITY-PERMANENT

THIS FACILITY IS A: Permanent Structure/Building OR Mobile Unit (any operation that moves around

PLEASE SELECY ANY THAT APPLY:

- New Food Facility Change of Ownership for an Existing Operating Facility
- Remodel of an Existing Operating Facility Change of Food or Operation Type for an Existing Operating food Facility
- Other, Describe _____

SECTION 2: Complete and Move to Section 3 (MUST BE FULLY COMPLETED)

FACILITY INFORMATION

NAME OF FACILITY _____

_____ Street number and name city state zip code

_____ County township/borough

() _____ Phone number fax number

_____ Email address () _____ Cell number or alternate phone number

MAILING ADDRESS (if other than above)

_____ Street number and name street address city/state zip code

PROPREITOR/OWNER TYPE: SOLE PROPRIETOR CORPORATION LIMITED LIABILITY COMP. (LLC)
 PARTNERSHIP NON-PROFIT OR NOT-FOR-PROFIT

PLEASE FILL IN THE DETAILED INFORMATION ON YOUR PROPRIETORSHIP ON PAGE 5 OF THIS APPLICATION.

SECTION 3: IF A CHANGE OF OWNERSHIP FOR EXISTING FACILITY/NO CHANGES TO FACILITY, SKIP THIS SECTION AND MOVE TO SECTION 5. IF A REMODEL **ONLY** IN SECTION 1, SIGN, ATTACH REMODEL PLANS* AND MOVE TO SECTION 5. ALL OTHERS SIGN, ATTACH FULL PLANS, AND MOVE TO SECTION 4.

FACILITY FLOOR PLAN & EQUIPMENT LIST

All facilities must submit ONE copy of a facility floor plan/layout. **EXCEPT** for CHANGE OF OWNERSHIP FOR AN EXISTING FACILITY where NO CONSTRUCTION, REMODELING OR CHANGES ARE GOING TO OCCUR. This plan must include the basic lay out the facility; the location of all food service equipment, a listing of the equipment (including manufacturer's names and model numbers), water and sewer connection locations, restroom locations and fixtures, lighting schedules, surface for finish coat materials of floors, walls and ceilings, and site plan showing exterior building structures (including storage areas, trash receptacles, outside refrigeration units, etc...) Plans may be hand drawn, to approximate scale, neat and legible. Plans will not be returned to you.

Commonwealth regulations prohibit the use of lead pipe, lead-based solder and fitting in potable water drinking systems after January 6, 1991. The Department has provided a guideline for your assistance in complying with this section of the application.

**remodel facilities only need to submit a floor plan and the list of equipment for the specific area(s) of the food facility that is affected by the remodel.*

I have attached the appropriate floor plan AND equipment list to this application.

Applicant signature _____

SECTION 4: COMPLETE THIS SECTION AND MOVE TO SECTION 5

WATER, SEWER, WASTE INFORMATION

WATER: The facility is on, or will use: (Check which one applies)

- a public/municipal water supply
Supplier _____
- a non-public/non-municipal/private water supply (example: well water). These water supplies **MUST** be approved by DEP, Department of Environmental Protection (717-783 2300). Written documentation must be provided. **A current water test must be provided.**
- Various water supplies because this is a mobile unit and not filling at one location each time. Operators must always use approved and tested water supplies.

A current water test is attached and/or I understand that it is my responsibility to use ONLY approved and tested water supplies if Mobile.

Applicant Signature _____

SEWER: The facility is on (Check which one applies)

- A municipal/public sewage disposal system. Name of Sewage Authority _____
- A non-public sewage disposal system (examples: Sand mounds, holding tanks). For on-lot sewage disposal systems, written documentation from a certified Sewage Enforcement Officer stating that the sewage system is operating in a legal manner and with no apparent violations is required. This approval does not apply if the facility is connected to an approved municipal supply, as listed above.

I have attached written documentation for my on-lot sewage disposal system.

Applicant Signature _____

- For Mobile Units: Appropriate sewage/waste holding tanks that will be disposed of at approved disposal sites.

REFUSE: (check all that apply & complete fully)

- The food facility refuse collector is _____
- list any other refuse or 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.

SECTION 5: COMPLETE AND MOVE TO SECTION 6. IF A REMODEL ONLY, SALES TAX INFORMATION IS NOT REQUIRED.

ZONING AND OTHER CODES

(Signature is required to affirm compliance with the appropriate requirements)

- Facility/Unit is compliant with local zoning requirements.
- Facility/Unit is compliant with ALL Building Code requirements (electrical, plumbing, ventilation, structural, etc).
- A license to collect sales tax has been obtained or applied for. For information on applying for sales tax license, contact the Pennsylvania Department of Revenue- (717) 787-8201. A copy of the sales tax license or proof of application is attached to this application.
- According to the PA Department of Revenue, my business is exempt from collection of sales tax.

I certify that the facility is compliant with the above checked requirements and any required supporting documentation is attached.

Applicant Signature _____

SECTION 6: COMPLETE AND MOVE TO SECTION 7

CONSTRUCTION/STRUCTURAL INFORMATION

- No construction or Changes to the existing facility. List current floor, wall and ceiling finishes: (This may be included on your floor plans or the provided pages. Example: floor is ceramic tile)

- Equipment change or addition only Minor construction Major or New Construction

ALL CONSTRUCTION AND FINISHE COAT CHANGES MUST BE ADDRESSED ON YOUR PLANS OR DRAWING. THIS WOULD APPLY TO YOUR GENERAL STRUCTURE AND FLOORS, WALLS AND CEILING MATERIALS. SEE ATTACHED GUIDELINES. AESTHETIC CHANGES, SUCH AS PAINTING, CARPET CHANGES AND DECORATION CHANGES NEED **NOT** BE ADDRESSED.

SECTION 7: COMPLETE AND MOVE TO SECTION 8

FACILITY SERVICE INFORMATION

DAYS OF OPERATION & TIME (Check days which apply & complete time facility is open)

- Monday Time _____ Friday Time _____
- Tuesday Time _____ Saturday Time _____
- Wednesday Time _____ Sunday Time _____
- Thursday Time _____

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

TYPE OF SERVICE (Check all that apply)

- Retail Grocery Store Farmers Market Stand Convenience Store
- Dine-In Food Service Take-out Food Service Catering
- Mobile Facility Church/Fire hall/Non-Profit Bar/Club On-the-farm Retail Store
- School Organized Camp Salvage Food Frozen Dessert
- Other, describe _____

TYPE OF MENU: (Check all that apply)

- Full Service Menu ****attach menu** Limited Menu ****attach menu**
- Specific Food Items List Items _____
- Full service Grocery with Departments: Bakery Deli Café' Produce Meat Seafood Dairy
 Other, List _____

Do you plan on serving any food undercooked or raw? Yes No
LIST: _____

Do you have or have you applied for a liquor license? Yes No

PROJECTED SEATING CAPACITY

Number of seats _____ (mark "0" is there are no seats/tables in the facility. Include outside seating)
Number of tables _____
Patrons served daily (projected) _____

EMPLOYEE INFORMATION

Anticipated # of employees/volunteers, including owner _____

Do you have a CERTIFIED FOOD HANDLER on Staff? Yes No

If NO, you will have 90 DAYS from the date your license/registration is issued to make arrangements to send a supervisory level employee to training. Visit our web site at www.EatSafePa.com to obtain a list of approved courses in your community.

Do you have an employee health policy? Yes No

An employee health policy establishes how to handle ill employees, see sections 46.111 thru 46.115 of the Food Code for clarification. If NO, prior to opening, an employee health policy MUST be established, either in writing or verbal, and presented to every employee of the establishment.

SECTION 8: COMPLETE AND MOVE TO SECTION 9

FACILITY OPENING

Anticipated date of opening and/or ownership settlement of the facility and/or remodeling completed _____ (Date)

SECTION 9: ALL APPLICANTS COMPLETE

This application, along with the floor plan and all other requested materials, as listed above, should be **submitted to East Stroudsburg Borough 24 Analomink St, East Stroudsburg, PA 18301.** Please allow 3-4 weeks for processing of your plan review/application from the date of post marking. You will be notified of our approval or disapproval of this plan. Next, an on-site inspection will occur. This must happen prior to licensing and opening.

License and Registration fees are due along with application submission and are as follows:

-COFFEE LICENSE: establishments serving only coffee and Prepackaged goods	\$75.00
-RETAIL FOOD ESTABLISHMENT: (prepackaged only, Potentially hazardous foods)	\$125.00
-SEATING CAPACITY: UP TO 25	\$200.00
-SEATING CAPACITY: 26 TO 50	\$250.00
-SEATING CAPACITY: > 50	\$300.00
-SEATING CAPACITY: TAKE OUT/NO SEATING	\$175.00
-MOBILE	\$175.00
-NON-PROFIT ESTABLISHMENTS	\$75.00
-TEMPORARY HEALTH LICENSE	\$100.00 per day for day 1; \$25 each day for days 2 thru 5
-FARMERS MARKET/FARM STAND HEALTH LICENSE	\$30.00 per location, per year
-OURDOOR DINING LICENSE:	\$75.00 with seating for 15 seats or less; an additional \$5 per seat over 15 seats
-DUPLICATE FOOD LICENSE	\$10.00
-REINSPECTION FEE	\$150.00 1 ST REINSPECTION \$200.00 2 ND & SUBSEQUENT

*******LATE PAYMENT FEES: 20% OF LICENSE FEE*******

OFFICIAL USE ONLY

LICENSE TYPE: Retail food License License Exempt

STANDARDS FOR REVIEW: PERMANENT MOBILE

APPROVAL

PLANS APPROVED, DATE _____ PLANS DENIED, DATE _____

REASON(s) FOR DENIAL _____

HEALTH OFFICER _____