



# BOROUGH OF WEST READING

## CODE ENFORCEMENT DEPARTMENT

500 Chestnut Street, West Reading PA 19611

(610) 374-8273 Fax: (610) 374-8419

(611) mail: wrcodes@westreadingborough.org

### Application for Zoning Permit

<b>Property Address:</b> _____	
<b>Application Fee:</b> <input type="checkbox"/> Residential or New Business \$100 <input type="checkbox"/> Commercial \$150	
<b>Name of Owner:</b>  <b>Phone No:</b> <b>Email:</b>	<b>Address:</b>   
<b>Name of Applicant (if other than owner):</b>  <b>Phone No:</b> <b>Email:</b>	<b>Address:</b>   
<b>Application is hereby made for the following:</b>	
<input type="checkbox"/> <b>New Business</b> (include sketch of interior space on page 2) <b>Business Name:</b>	<input type="checkbox"/> <b>Shed</b> (include sketch of entire property on page 2, existing & proposed)
<input type="checkbox"/> <b>Detached Garage</b> (include sketch of entire property on page 2, existing & proposed)	<input type="checkbox"/> <b>Deck</b> <input type="checkbox"/> <b>Patio</b> <input type="checkbox"/> <b>Porch</b> <input type="checkbox"/> <b>Balcony</b> (include sketch of entire property on page 2, existing & proposed)
<input type="checkbox"/> <b>Change of Use:</b>	
<input type="checkbox"/> <b>Fence</b> (shall not be located within Borough or State road right-of-way's or clear sight triangles) (include sketch of entire property on page 2, existing & proposed)	
<input type="checkbox"/> <b>Other Accessory Use</b> (include sketch of entire property on page 2, existing & proposed) <b>Describe Use:</b>	
<b>DESCRIPTION OF WORK TO BE PERFORMED (or services offered for new business):</b>	
<b>Statement by Applicant, Owner and/or Owner's Agent:</b>	
I hereby certify that I am the OWNER or the AGENT of the OWNER, that I am authorized to make this application and that the information contained in this application is accurate to the best of my knowledge. Further, I/we agree to adhere to all applicable Borough of West Reading Ordinances and Regulations. I/we are also aware that a USE & OCCUPANCY PERMIT, issued by Borough of West Reading shall be required prior to use or occupancy of the building or structure. I/we understand that once the permit review process has begun, I am responsible for paying the cost of the permit, irrespective of whether I actually use the permit or not. I/we agree to be liable for all costs required to collect said fee(s).	
<b>Signature of Applicant:</b> _____ <b>Date:</b> _____	
<b>Signature of Property Owner/Agent:</b> _____ <b>Date:</b> _____	
<b>Approval/Denial:</b>	
<input type="checkbox"/> Application Approved*	
<input type="checkbox"/> Application Denied	
<b>Reason(s) for Denial:</b>	
<b>Zoning Officer's Signature:</b> _____ <b>Date:</b> _____	
*The Owner/Applicant is advised that deed restrictions or covenants may prohibit this activity. It is the Owner/Applicant's responsibility to review and comply with these restrictions. Approval of this permit application by the Zoning Officer does not relieve the Owner/Applicant from complying with these restrictions.	

**Sketch of Property Showing Location of Existing and/or Proposed Buildings and Structures**

**WEST READING POLICE DEPARTMENT**  
**Business List Update Contact Sheet**

Business Name: \_\_\_\_\_

Street Number \_\_\_\_\_ Street Name: \_\_\_\_\_

Type Business: \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Business Email Address: \_\_\_\_\_

Business Website Address: [www.](http://www.) \_\_\_\_\_

Owner of Business Name \_\_\_\_\_

• \_\_\_\_\_ •  
**Fire Alarm:** ☐ YES ☐ NO

**Burglar Alarm:** ☐ YES ☐ NO

Alarm Company: \_\_\_\_\_ Phone # \_\_\_\_\_

Any additional information: \_\_\_\_\_  
\_\_\_\_\_

• \_\_\_\_\_ •  
Emergency Contact #1: \_\_\_\_\_ PH \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ PH \_\_\_\_\_

Emergency Contact #3: \_\_\_\_\_ PH \_\_\_\_\_

• \_\_\_\_\_ •  
**Does your business have a video system:** ☐ YES ☐ NO

**If no, are you planning in the near future to install one?** \_\_\_\_\_

**If you answered yes, please answer the questions on the following page, if possible:**

**WEST READING POLICE DEPARTMENT**  
**Business List Update Contact Sheet**

Number of cameras inside? \_\_\_\_\_ Number of cameras outside? \_\_\_\_\_

Make and Model of Camera/System: \_\_\_\_\_

Recording Period? ☐ motion activated ☐ during business hours ☐ 24 hours a day

How long does your system save video for? \_\_\_\_\_

Coverage Area(s) (select all that apply)? ☐ Cash Register ☐ Street ☐ Parking Lot  
☐ Front Yard ☐ Back Yard ☐ Porch ☐ Driveway ☐ Interior Area ☐ Exterior Area  
☐ Other: \_\_\_\_\_

Does someone onsite know how to work the camera ☐ YES ☐ NO

What is needed to extract video: ☐ CD ☐ DVD ☐ USB drive ☐ Email ☐ Other: \_\_\_\_\_  
\_\_\_\_\_

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*Email the completed copy or screen shot of this form (if possible) to [wrpd@westreadingborough.org](mailto:wrpd@westreadingborough.org) or drop off this form at the WRPD located at 500 Chestnut Street, West Reading, PA 19611. Please call (610) 373-0111 with any questions. Thank you!



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Email: wrcodes@westreadingborough.org

## New Business

### Commercial Certificate of Occupancy

Address of New Business:	
Name of New Business:	
New Business Address:	
Business Owner's Name:	
Business Owner's Address:	
Business Owner's Phone #:	Email:
Property Owner's Name and Address: (if different from Business Owner)	

### FOR USE BY INSPECTOR:

Type of Use \_\_\_\_\_ Type of Construction \_\_\_\_\_ Sprinkler System Yes \_\_\_\_\_ No \_\_\_\_\_

- ☐ Proper exit signs above the exit doors are functioning properly.
- ☐ Emergency lighting in place and operating properly.
- ☐ Operable smoke detector(s) are required.
- ☐ Carbon Monoxide detector(s) are required if the property is heated by oil or gas.
- ☐ Exit paths are clear and unobstructed. Spaces with an occupant load of 50 people or more require at least two exits. If there is more than one exit required, check all paths of exiting are clearly marked.
- ☐ Hardware on the exit door functions properly.
- ☐ Steps leading to the entrance/exit door are safe and in good condition.
- ☐ Location of fire extinguisher(s) – check if readily accessible. Verify condition/testing.
- ☐ Verify that existing plumbing fixtures function properly.
- ☐ Check for any obvious mechanical or plumbing problems.
- ☐ Check any obvious structural issues, such as deteriorated joists, beams, posts or walls.
- ☐ Check any obvious electrical issues, such as open junction boxes, loose wires, inoperable outlets, etc.

**Please contact our office to schedule the inspection prior to your anticipated date of opening.**



# BOROUGH OF WEST READING

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E-mail: [wrcodes@westreadingborough.org](mailto:wrcodes@westreadingborough.org)

### TEMPORARY SIGN PERMIT APPLICATION

(Banner or "A" Type Sandwich Signs)

DATE \_\_\_\_\_

NAME \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

LOCATION OF SIGN \_\_\_\_\_

DATES TO BE DISPLAYED \_\_\_\_\_

TYPE OF SIGN \_\_\_\_\_

REASON FOR SIGN \_\_\_\_\_

**\*Reverse Side of Application Must Have a Sketch of Proposed Sign\***

TOTAL SQUARE FOOTAGE OF SIGN \_\_\_\_\_

LENGTH \_\_\_\_\_

WIDTH \_\_\_\_\_

ELEVATION \_\_\_\_\_

DISTANCE FROM PROPERTY LINE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

**\*\*Pennants, flags, banners, balloons and similar temporary signs shall be permitted only for a new business for a period of one (1) month and for existing businesses in the Central Business District, the General Business District, and the Light Industrial District for special occasions not more than four (4) times per year for a period of no more than twenty (20) days per occurrence up to a maximum annual total of sixty (60) days per calendar year.**

**Temporary and banner signs shall be a maximum of twenty (20) square feet per occurrence. \*\***

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OFFICIAL USE ONLY

APPROVED BY \_\_\_\_\_

PERMIT NUMBER \_\_\_\_\_

APPROVAL DATE \_\_\_\_\_

# OF OCCASIONS THIS YEAR \_\_\_\_\_



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### SIGN PERMIT APPLICATION

Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**Use:** Identification ☐ Directional ☐ Advertising ☐ Temporary ☐

**Type:** Free-Standing ☐ Wall Mount ☐ Overhanging ☐

If free standing, draw property boundary and show the distance of the sign structure from all property lines and center line of all streets.

**Cause for Sign:** New Sign ☐ Alteration of Existing Sign ☐ Replacement of Existing Sign ☐

List any existing signs which are on the premises and will remain on the premises after installation of proposed signage and the total square footage of existing signs:

1. \_\_\_\_\_

2. \_\_\_\_\_

Total Square Footage of Existing Signs \_\_\_\_\_

*Provide a scaled drawing to include type of construction, list of materials and manner of installation.*

**Size:** Length \_\_\_\_\_ Height \_\_\_\_\_ Width \_\_\_\_\_

**Distance from Ground to Highest Point of Sign or Mounting Structure:** \_\_\_\_\_

Total Square Footage of Proposed Sign \_\_\_\_\_

**Content:** If two sided, show both sides by photo or hand drawn sketch.

**Illumination:** Will the sign be illuminated? (If yes, give details) Yes ☐ No ☐

Details for electric and lighting: \_\_\_\_\_

**Manufactured By:** \_\_\_\_\_

Application Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Office Use

Approved: \_\_\_\_\_ Denied : \_\_\_\_\_ Permit Fee: \_\_\_\_\_



Fee: \$100

## BOROUGH OF WEST READING CODE ENFORCEMENT DEPARTMENT

500 Chestnut Street, West Reading PA 19611  
(610) 374-8273 Fax: (610) 374-8419  
E-mail: wrcodes@westreadingborough.org

### ALARM DEVICE PERMIT APPLICATION

Owner \_\_\_\_\_ Phone # \_\_\_\_\_

Owner Address \_\_\_\_\_

Business Name \_\_\_\_\_ Phone # \_\_\_\_\_

Business Address \_\_\_\_\_

Location at which the Alarm Device will be installed \_\_\_\_\_

Persons who are authorized to enter premises where alarm is located but do not reside at the location of the Alarm Device (at least two):

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Complete description of Alarm Device (i.e. censored doors, windows; motion detectors; keypad location):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Alarm Device is leased, rented or serviced pursuant to a service agreement by a person other than applicant, supply the following:

Leased or Rented from or Serviced by:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

The following statement must be signed by the applicant:

"I (we), the undersigned applicant(s) for an Alarm Device Permit, intending to be legally bound hereby, state that neither I (we), nor anyone claiming by, through or under me (us), shall make any claim against the Borough or against a public service agency for any damage caused to the premises at which the Alarm Device, which is subject of the application, is or will be located, if such damage is caused by a forced entry to said premises by employees, members or representatives of the Borough or a public safety agency in order to answer an alarm from said Alarm Device at a time when said premises is or appears to be unattended or when in the discretion of said employees, members or representative, circumstances appear to warrant a forced entry.

Further, I (we) hereby understand Borough Ordinance maintains that each property with an alarm device is permitted three (3) false alarms per calendar year, after which the Borough will issue a fine of one hundred dollars (\$100.00) for each false alarm over three (3).

Signed \_\_\_\_\_ Signed \_\_\_\_\_

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

#### Office Use Only

Date Received \_\_\_\_\_ Date Reviewed \_\_\_\_\_ Fee Paid \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_





Dear Taxpayer,

As a business operating in the **Borough of West Reading**, which imposes a Business Privilege and/or Mercantile Tax on Gross Receipts you are required under local tax law to complete and return the questionnaire below within ten (10) days. Upon return, your business will be issued an account number and the appropriate forms to be filed to report for this jurisdiction.

Name of Business: \_\_\_\_\_

Federal ID or Social Security Number: \_\_\_\_\_

Business Address or if a Rental, property address: \_\_\_\_\_

\_\_\_\_\_

Taxing Jurisdiction (Township/Borough and/or School District) registering for: \_\_\_\_\_

\_\_\_\_\_

Address to which forms should be sent: \_\_\_\_\_

\_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Name of Owners: \_\_\_\_\_

Date Business is to begin: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Business (Retail, Wholesale, Service, Rental): \_\_\_\_\_  
(If your business is construction, you are responsible for gross receipts on the full job. You must also report the names, addresses and amounts paid to all sub-contractors for work performed in this jurisdiction as well). (Please - attach additional sheets as needed)

If your business currently files for the Business Privilege/Mercantile Tax with Berkheimer, please indicate your account number (s): \_\_\_\_\_

Please return this form to: Berkheimer, Attn: BPT Dept., 325A N. Pottstown Pk., Exton, PA 19341 or via email to: [BPT@hab-inc.com](mailto:BPT@hab-inc.com).

If you have questions on this form and/or the tax; please feel free to contact us at: 610-599-3140 or at [BPT@hab-inc.com](mailto:BPT@hab-inc.com).

Sincerely,  
BERKHEIMER  
Business Privilege/Mercantile Tax Administrator

*You are entitled to receive a written explanation of your rights with regards to audit, appeal, enforcement, refund and collection of local taxes by calling Berkheimer at 610-599-3140, during the hours of 9:00 am to 4:00 pm, Monday through Friday. If Berkheimer is not the appointed tax hearing officer for your taxing district, you must contact your taxing district about proper procedures and forms necessary to file an appeal.*

**Pennsylvania Department of Agriculture  
Bureau of Food Safety and Laboratory Services  
WWW.EatSafePA.com**

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

Chapter 46, Food Code, the Rules and Regulations of the PA Department of Agriculture are issued under the Retail Food Facilities Safety Act of 2010 (3 Pa. C.S.A. §§5701 - 5714) 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. PDA follows the most current version of the FDA Model Food Code as its regulations.

This application is NOT for Retail Food Facilities located in Local Health Department jurisdictions. Please contact your Local Health Department directly for information on licensing.

Mobile Food Facilities do not use this application but should use the "Application Packet-Mobile Food Facilities"

**SECTION 1: COMPLETE AND MOVE TO SECTION 2**

**PURPOSE OF THE PLAN REVIEW**

LICENSE TYPE: **RETAIL FOOD FACILITY-PERMANENT**

**PART A:**

THIS FACILITY IS A:

- ☐ Permanent structure/building OR  
☐ Not a structure, building or mobile, but always operating at the same physical location (i.e. food stand, barbeque operation, stick stand, modular unit)

**PART B:**

PLEASE SELECT:

☐ **New License**

- ☐ New construction of a new food facility  
☐ A new food business opening in an existing physical structure not previously a food business  
☐ A new food business opening in a food facility that has been non-operational for more than 3 months  
☐ A food business that is operational or has been actively licensed and operational within the last 3 months but a new owner is taking over and is undertaking a significant menu change, food service style (for example: Asian food facility changing to an American style food menu) or major remodel.

☐ **Change of Ownership** (Retail Food Licenses are NOT transferable)

A currently operating food business that will have new ownership but generally the same menu type and food service style, if the facility has been actively licensed and has been operational within the last 3 months. If not, select New Food Business above.

☐ **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** \_\_\_\_\_

05.2016

**SECTION 2: COMPLETE AND MOVE TO SECTION 3 (MUST BE FULLY COMPLETED)**

**FACILITY INFORMATION**

**NAME OF FACILITY (Common Public Name):** \_\_\_\_\_

***ADDRESS OF FACILITY:***

Facility Street Number and Name	City	State	Zip Code
County	Township/Borough		
( )	( )		
Facility Phone Number	Facility Fax Number		
Facility Email Address	( ) Facility Cell Number or Alternate Phone Number		

***MAILING ADDRESS (If Other Than Above):***

Name	Street Address	City/State	Zip Code
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**RESPONSIBLE OFFICIAL AT THE FOOD FACILITY (if not the owner)**

**NAME and TITLE** \_\_\_\_\_

**PROPRIETOR/OWNER TYPE:** ☐ SOLE PROPRIETOR ☐ CORPORATION ☐ NON-PROFIT OR ASSOCIATION  
☐ PARTNERSHIP ☐ LIMITED LIABILITY CO. (LLC) OR PARTNERSHIP (LLP)

**LEGAL BUSINESS NAME (if different than the Facility Name):** \_\_\_\_\_

**LEGAL OWNER MAILING ADDRESS (If different than above mailing address):**

Street Number	City	State	Zip Code
( )	( )		
Owner Phone Number	Owner Fax Number	Owner E-Mail Address	

**PLEASE FILL IN DETAILED INFORMATION ON YOUR PROPRIETORSHIP ON PAGE 9 OF THIS APPLICATION.**

**SECTION 3: COMPLETE AND MOVE TO SECTION 4**

**CONSTRUCTION/STRUCTURAL INFORMATION**

- ☐ New construction ☐ Existing food facility-No construction or changes  
☐ Major remodel of an existing food facility ☐ Major equipment change or addition to a food facility  
☐ Minor construction to the food facility  
☐ This is not a structure or building but a modular unit, stick stand or similar located in same location

ALL CONSTRUCTION AND FINISH 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.

05.2016

## SECTION 4: FACILITY FLOOR PLAN & EQUIPMENT SCHEDULE

ALL "NEW LICENSES", AS DESCRIBED IN SECTION 1B, MUST COMPLETE THIS SECTION.

IF A "CHANGE OF OWNERSHIP", AS DESCRIBED IN SECTION 1B, SKIP THIS SECTION AND MOVE TO SECTION 5.

IF A "REMODEL" ONLY, AS DESCRIBED IN SECTION 1B, SIGN, ATTACH REMODEL PLANS\* AND MOVE TO SECTION 5.

**ALL "NEW FACILITIES" AS DESCRIBED IN SECTION 1 MUST ATTACH FULL PLANS, SIGN, & MOVE TO SECTION 5.**

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 of 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 or finish coat materials of floors, walls and ceilings (even if temporary), and site plan showing exterior building structures (including storage areas, trash receptacles, outside refrigeration units, etc...). Plans may hand drawn, to approximate scale, neat and legible. Plans will not be returned to you. The Department has provided guidance within the "Instructions" for your assistance in complying with this section of the application.

*\*Remodel facilities only, need only 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 5: COMPLETE THIS SECTION AND MOVE TO SECTION 6

### WATER, SEWER, WASTE INFORMATION

**WATER: The facility is using: (Check which ONE applies and Sign)**

☐ A public or municipal water supply regulated by DEP. If not municipal community water, the water supplies must be approved by DEP, Department of Environmental Protection (717-787-9633). Written documentation must be provided, such as your assigned Public Water Supply (PWS) number.

**A Change of Owner must contact DEP to update information even if a PWS number is assigned to the facility.**

Municipal Supplier (or PWS #): \_\_\_\_\_ (example: Pa American Water)

☐ \*A non-public / non-municipal / private water supply (example: well water). **Current water tests must be provided for Total Coliform (4 initial samples in 24 hours) and 1 initial sample for Nitrate/Nitrite.**

***I have either contacted DEP or have attached my non-public water supply results to this application.***

**Applicant Signature**

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**SEWER: The facility is using: (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, please contact the local Sewage Enforcement Officer for your municipality and discuss if the current sewage disposal system is appropriate for your food facility. This would not apply if the facility is connected to an approved municipal supply, as listed above.

**I contacted my municipality regarding my on-lot sewage disposal system on \_\_\_\_\_ (date). To the best of my knowledge my on-lot system meets state and/or local codes and is adequate for my Retail Food Facility and functioning properly.**

**Applicant Signature:** \_\_\_\_\_

**REFUSE: (Check all that apply & complete fully)**

☐ The food facility refuse collector is \_\_\_\_\_ (company name)

☐ List any other refuse /waste collection companies (ex: grease collection) \_\_\_\_\_

**SECTION 6: COMPLETE AND MOVE TO SECTION 7. IF A REMODEL ONLY, SALES TAX INFORMATION IS NOT REQUIRED**

### **ZONING AND OTHER CODES**

**(Signature is required to affirm compliance with the appropriate requirements. Check ALL that apply and sign)**

Building Codes and Zoning:

☐ Facility/Unit/Business is Compliant with Local Zoning requirements.

☐ Facility/Structure is Compliant with All Building Code requirements (electrical, plumbing, ventilation, structural, etc), where applicable.

Sales Tax: (check ONE)

☐ A license to collect sales tax has been obtained or applied for. For information on applying for a 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.

OR

☐ According to the PA Department of Revenue rules and regulations, I have determined that my business is exempt from collection of sales tax.

**I certify that the facility is compliant with the above checked requirements in Section 6 and all supporting documentation is attached.**

**Applicant Signature** \_\_\_\_\_

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SECTION 7: COMPLETE AND MOVE TO SECTION 8

**FACILITY SERVICE INFORMATION**

**PART A:**

**DAYS & TIMES OPERATION** (Check anticipated days and time the facility will be operational)

<input type="checkbox"/> Monday	Time _____	<input type="checkbox"/> Friday	Time _____
<input type="checkbox"/> Tuesday	Time _____	<input type="checkbox"/> Saturday	Time _____
<input type="checkbox"/> Wednesday	Time _____	<input type="checkbox"/> Sunday	Time _____
<input type="checkbox"/> Thursday	Time _____		

**PART B:**

**TYPE OF SERVICE** (Check ANY that apply)

<input type="checkbox"/> Retail Grocery Store	<input type="checkbox"/> Farmer Market Stand (immediate consumption foods)	<input type="checkbox"/> Seasonal Operation
<input type="checkbox"/> Dine-In Food Service	<input type="checkbox"/> Take-Out Food Service	<input type="checkbox"/> Catering
<input type="checkbox"/> Church/Fire Hall/Non-profit	<input type="checkbox"/> Bar / Club	<input type="checkbox"/> Convenience Store
<input type="checkbox"/> School	<input type="checkbox"/> Organized Camp	<input type="checkbox"/> On-the-Farm Retail Store
	<input type="checkbox"/> Salvage Food	<input type="checkbox"/> Frozen Dessert

☐ \***Specialized Processes (page 21)** in the facility such as: Sous Vide, Cook-Chill, Vacuum Packing, ROP, Curing/Smoking for preservation, Sprouting, Fermentation, Acidification, Canning

☐ Other, Describe: \_\_\_\_\_

**TYPE OF MENU** (Check all that apply)

<input type="checkbox"/> Full Service Menu (numerous items) ** attach menu	<input type="checkbox"/> Limited Menu (a few items) ** attach menu
<input type="checkbox"/> Specific Food Items List items _____	
<input type="checkbox"/> Full Service Grocery with Departments: <input type="checkbox"/> Bakery <input type="checkbox"/> Deli <input type="checkbox"/> Café <input type="checkbox"/> Produce <input type="checkbox"/> Meat <input type="checkbox"/> Seafood <input type="checkbox"/> Dairy	
<input type="checkbox"/> Other, list _____	

Do you plan on serving any raw animal food undercooked, raw, or cooked to order? ☐ YES ☐ NO

List: \_\_\_\_\_ If yes, is a consumer advisory on your menu? ☐ YES ☐ NO

Do you have or have you applied for a liquor license? ☐ YES ☐ NO

**HACCP PLAN**

If you are doing any \***specialized process (page 21)**, you must submit a HACCP plan for approval prior to processing those foods.

**ANTICIPATED PROJECTED CAPACITY**

Number of inside seats \_\_\_\_\_ Number of outside seats \_\_\_\_\_ (Mark '0' if no seating provided)  
Patron served daily (projected) = \_\_\_\_\_

05.2016

**PART C:**

**EMPLOYEE INFORMATION**

Anticipated # of employees/volunteers, including owner = \_\_\_\_\_

Do you have a Certified Food Manager on Staff? ☐ YES ☐ NO ☐ Exempt (non-profit) or other exempt facility

If YES: **Please attach a copy of their National Certificate (ANSI Approved Managers Exam)**

If NO: Do you have a Person-In-Charge enrolled in Food Safety Training? ☐ YES ☐ NO

If YES, Name, Date, and Location of Course \_\_\_\_\_

Do you have an employee Health policy? ☐ YES ☐ NO

Do you have an employee policy for Cleanup of Vomiting or Diarrheal Events in the facility? ☐ YES ☐ NO

**SECTION 8: ALL APPLICANTS READ AND COMPLETE**

**FACILITY OPENING:**

Anticipated date of opening and/or ownership settlement of the facility and/or remodeling completed. \_\_\_\_\_ (date)

***There are NO fees associated with this Plan Review Application. DO NOT SEND MONEY WITH THIS APPLICATION***

License fees will be collected at the time of the licensing inspection and are as follows: (payable to: Commonwealth of PA)

**Retail Food License**

- "Change of ownership"-- \$82.00
- Remodel Plan Review --no charge
- "New Licenses"
  - Under 50 seats AND Owner Operated --\$103.00
  - All others, \$241

**Other fees**

- Annual Renewals --\$82.00
- 2<sup>nd</sup> Follow-up inspection Fee --\$150.00
- 3<sup>rd</sup> or subsequent Follow-up inspection Fee --\$300.00
- Duplicate License Fee - \$14.00
- Courtesy inspection Fee - \$150.00

This application, along with the floor plan and all other requested materials, as listed above, should be **submitted to you local Regional Office**, as listed on the cover letter. Please allow **4-6 weeks for processing** of your plan review/application from the date of post marking. You may be contacted by your regional Food Sanitarian requesting further clarification or information. The Food Sanitarian will contact you with final approval OR you will be sent a letter via USPS with a disapproval, including the reasons, of this plan. Next, an on-site inspection will occur. This **must** happen prior to licensing and opening.

05.2016

The Applicant understands and agrees that this document is an application for licensure of a 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 by signature below, that they are the "proprietor" of the retail food facility that is the subject of this application. The applicant verifies that all statements and information in this application is true and correct to the best of the applicant's knowledge, information and belief; and makes these statements subject to the penalties of 18 Pa.C.S.A. §4904, relating to unsworn falsification to authorities.

☐ INDIVIDUAL PERSON:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Legibly Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

☐ PARTNERSHIP:

\_\_\_\_\_  
Signature-General Partner

\_\_\_\_\_  
Signature-General Partner

\_\_\_\_\_  
Legibly Print Name

\_\_\_\_\_  
Legibly Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

☐ Corporation Or Association/Non-Profit Entity:

\_\_\_\_\_  
Name of Corporation or Non-Profit Entity

\_\_\_\_\_  
Name of current CEO/President

\_\_\_\_\_  
Date of Birth of CEO/President

\_\_\_\_\_  
Signature of Corporate / Association / Non-Profit Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legibly Print Name

\_\_\_\_\_  
Official Title of Signatory

☐ Limited Liability Company (LLC) or Limited Liability Partnership (LLP):

\_\_\_\_\_  
Name of LLC or LLP

\_\_\_\_\_  
Name of President/CEO

\_\_\_\_\_  
Date of Birth of President/CEO

\_\_\_\_\_  
Signature – Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legibly Print Name

\_\_\_\_\_  
Legibly Print Name

.....**OFFICIAL USE ONLY**.....

**LICENSE TYPE:** ☐ RETAIL FOOD LICENSE -PERMANENT

☐ LICENSE EXEMPT – BUT INSPECTED

☐ **APPROVAL**

PLANS APPROVED, DATE \_\_\_\_\_ APPLICANT CONTACTED, DATE \_\_\_\_\_ METHOD \_\_\_\_\_

☐ **DISAPPROVAL**

PLANS DISAPPROVED, DATE \_\_\_\_\_ LETTER MAILED TO APPLICANT, DATE \_\_\_\_\_

Reasons for denial: \_\_\_\_\_

**REVIEWING SANITARIAN**

**\*\*REMINDER: IN ALL CASES, A FACILITY RECORD MUST BE CREATED IN PAFOODSAFETY AND THE APPLICATION SCANNED AND ATTACHED TO THE FACILITY RECORD.**





**pennsylvania**  
DEPARTMENT OF AGRICULTURE

**Michelle Cobb**  
Food Sanitarian

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