

SECTION 3: (IF A CHANGE OF OWNERSHIP FOR EXISTING FACILITY ONLY IN SECTION 1, SKIP THIS SECTION AND MOVE TO SECTION 5. IF A REMODEL ONLY IN SECTION 1, SIGN, ATTACH PLANS AND MOVE TO SECTION 5. ALL OTHERS SIGN, ATTACH PLANS, AND MOVE TO SECTION 4.)

FACILITY FLOOR PLAN & EQUIPMENT LIST

All facilities, except for CHANGE OF OWNERSHIP FOR AN EXISTING FACILITY **ONLY**, must submit a copy of a facility floor plan. 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, and site plan showing exterior building structures (including storage areas, trash receptacles, outside refrigeration units, etc...). Commonwealth regulations prohibit the use of lead pipe, leadbased 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 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 4 (COMPLETE THIS SECTION THEN 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: _____

_____ Various water supplies because it is a mobile unit.

A Current Water Test is Attached and / or I Understand that it is My Responsibility to use ONLY Approved & 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 : _____

_____ Appropriate sewage/waste holding tanks that will be disposed of at approved sewage disposal sites only.

Applicant Signature _____

REFUSE: (Check all that apply)

_____ The food facility refuse collector is _____ (company name)

_____ 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.)

ZONING AND OTHER CODES

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

____ Facility is Compliant with Local Zoning requirements. **Homebased retail facilities** (only those allowed by the Department) **need to attach written documentation** from the municipality stating that a food type business can be conducted from the home.

____ Facility 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 a sales tax license, contact the Pennsylvania Department of Revenue (717) 7878201. 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

_____ Equipment Change _____ Minor Construction _____ Major or New Construction

Briefly describe construction or change and anticipated time frame for start and completion.

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 _____

TYPE OF SERVICE (Check all that Apply)

- Retail Grocery Retail Grocery / Salvage Farm Market Stand
- Dine In Food Service Take Out Food Service Catering
- Mobile Facility Church Bar / Club
- School Organized Camp
- Temporary Facility (14 days or less) Temporary Facility at event and festivals
- Other Describe: _____

TYPE OF MENU (Check which one Applies)

- 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? List: _____

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

PROJECTED SEATING CAPACITY

_____ # of seats (mark "0" if there are no seats in the facility) _____ # of patrons served (projected)

EMPLOYEE INFORMATION

_____ # of anticipated employees Do you have a PA Certified Food Handler on Staff ? YES or NO

If YES, list name and PDA certificate number _____

If NO, you will have 90 days from the date your license/registration is issued to make arrangement to send a supervisory level employee to training. Visit www.agriculture.state.pa.us to obtain a list of approved courses in your county.

Do you have an employee health policy? YES or 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 (TEMPORARY FOOD FACILITIES ONLY. IF NOT A TEMPORARY FOOD FACILITY, MOVE TO SECTION 9)

A Temporary Food Facility is a food facility operating ONLY at fairs, festivals, carnivals or other sponsored events.

Number of Temporary Events Anticipated Attending each Year in the City of Lebanon? _____

Note: If attending 3 or fewer events, a temporary license can be issued for each event. If attending more than three events, a permanent license must be obtained.

Name of Sponsoring Event(s), Celebrations(s), or Festival(s) Planned

SECTION 9 (COMPLETE AND MOVE TO SECTION 10)

FACILITY OPENING

Anticipated date of opening and/or ownership settlement of the facility and/or remodeling completed. _____
date

SECTION 10 (COMPLETE)

This application, along with the floor plan and any other requested materials, as listed above, must be submitted to the Department of Public Safety.

By signing this application, you are confirming that all information is accurate and true. Failure to supply all requested information may result in a delay in licensing your facility.

Please allow two weeks for processing of your plan review from the date of post marking.

Signature, Title

Date

OFFICIAL USE ONLY

LICENSE TYPE: E & D _____ Retail Food Estab. Registration _____ Farmer's Market Stand _____ Non-Profit _____
_____ Temporary _____ Mobile Vendor

STANDARDS FOR REVIEW: Permanent _____ Temporary _____ Mobile _____ TFF W/ Permanent Lic. _____

APPROVAL: PLANS APPROVED, DATE _____ PLANS DENIED, DATE _____

Reasons for denial: _____

REVIEWING SANITARIAN _____