

Application for a
Permanent Food Sales License

CITY OF LEBANON – DEPARTMENT OF PUBLIC SAFETY
735 Cumberland St., Lebanon, PA 17042
717-639-2800 Option 2

APPLICATION FOR RETAIL FOOD FACILITY PLAN REVIEW

Chapter 46, Food Code, the Rules and Regulations of the PA Department of Agriculture issued under the Act of May 23, 1945, P.L. 926 (Act 369) and Act 70 of July 7, 1994, 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.

PLEASE COMPLETE ALL INFORMATION AND SUBMIT TO THE DEPARTMENT

SECTION 1 (COMPLETE AND MOVE TO SECTION 2)

PURPOSE OF THE PLAN REVIEW

THIS FACILITY IS A: *(circle one)* Permanent Structure or Mobile Unit / Structure

PLEASE SELECT ANY THAT APPLY:

_____ New Food Facility	_____ Remodel of an Existing Facility
_____ Change of Ownership for an Existing Facility	_____ Change of Food or Operation Type for an Existing Facility

Other: *describe* _____

SECTION 2 (COMPLETE AND MOVE TO SECTION 3)

OWNER INFORMATION

Owner's Name:

First	Middle	Last
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Owner's contact information:

Email	Phone	Cell Phone
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Facility Type: *Circle a Classification and Sub-classification below*

Classification	Sub-classification						
Restaurant	< 75 seats	> 75 Seats	Farm Market Stand	Liquor License			
Retail Food Store	< 5,000 sq. ft.	> 5,000 sq. ft.	Farm Market Stand	Non potentially Hazardous Food only	Pre-packaged Food only	RTE Food Take Out	Salvage Food
Food Vendor	Mobile Food Vendor	Special Event Temporary Facility	Special Event Permanent Facility	<i>Note: Curb Markets are not permitted.</i>			
Day Care	Adult	Center	Child	Family	Group		
Non Profit Organization	Food Bank	Soup Kitchen	Youth Activity	<i>Note: Churches are not permitted to obtain a permanent license.</i>			
Food Establishment Home Food Processor	Acidified Foods	Bakery	Candy	Dried Foods	Jams / Jellies	Other	

Other Types: *Circle if applicable*

- | | | |
|-----------------------|----------------------------------|------------------------|
| Bar / Club | Hospital | School |
| Organized Camp | Residential Institutional | Vending Machine |

SECTION 3: (COMPLETE AND MOVE TO SECTION 3

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, 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 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

Circle and complete below

Water Supply: Public/Municipal Supplier: _____

Private (well or spring) *Must provide a current Water Test*

If Mobile:

I understand that it is my responsibility to use **ONLY** Approved & Tested Water Supplies. **Yes** **No**

Applicant Signature _____

Sewer: Public/Municipal Name of Authority: _____

Non-municipal/non-public *Provide details:* _____

If Mobile:

Sewage/waste holding tanks will be emptied **ONLY** at approved sewage disposal sites. **Yes** **No**

Applicant Signature _____

Refuse: The Food Facility Refuse Collector is: _____ (Company name)

List any other refuse or waste collection companies (ex: grease collection): _____

If Mobile:

Refuse and waste will be emptied **ONLY** at approved refuse/waste disposal sites. **Yes** **No**

Applicant Signature _____

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. Home-based facilities need to attach written documentation from the City Of Lebanon Zoning Office 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 with PA Dept. of Revenue. 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.

_____ 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)*

Times		Times	
_____ Monday	_____	_____ Friday	_____
_____ Tuesday	_____	_____ Saturday	_____
_____ Wednesday	_____	_____ Sunday	_____
_____ Thursday	_____		

TYPE OF MENU (Check all that apply.)

_____ Full Service Menu – *attach current menu* _____ Limited Menu – *attach current menu*

Specific Food Items - *List items* _____

_____ Full Service Grocery with Departments

_____ Bakery _____ Deli _____ Café _____ Produce

_____ Meat _____ Seafood _____ Dairy

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 AND EMPLOYEE INFORMATION

_____ Number of seats
(mark "0" if there are no seats in the facility) _____ Projected number
of patrons served. _____ Projected number
of employees.

The PA Department of Agriculture **Food Employee Certification Act**, 3 Pa C.S.A. 6501 – 6510, effective January 22, 2011, requires one employee per licensed food facility to obtain a nationally recognized food manager certification. *The types of facilities that are exempt from this Act can be found at www.agriculture.state.pa.us .*

Do you have a PA Certified Food Handler on Staff? Yes No *If yes, list name and PDA Certificate number:* _____

If NO, a Manager or Supervisory level employee must obtain a Certification within **90 days** from the date your license is issued. Visit www.agriculture.state.pa.us to obtain a list of approved courses.

An **Employee Health Policy** establishes how to handle ill employees, See Sections 46.111 thru 46.115 of the Food Code for clarification

Do you have an employee health policy? Yes No

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 the Fair(s), Sponsoring Event(s), Celebrations(s), or Festival(s) here: _____

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

1.	Public Eating and Drinking Place	\$125		
2.	Retail Food Establishment with TCS* Food	\$125		
3.	Retail Food Establishment without TCS* Food	\$75		
4.	Mobile Retail Food Establishment with TCS* Food	\$125		
5.	Mobile Retail Food Establishment without TCS* Food	\$75		
6.	Temporary Food Sales	\$30 per		
7.	Individual Farmers' Market Food Operator	\$45		

*TCS Food = "Time and Temperature controlled for Safety" Food.

APPROVAL: PLAN APPROVED, DATE _____ **PLAN DENIED,** DATE _____

Reasons for denial: _____

REVIEWING SANITARIAN _____