

Borough of Sharon Hill

RETAIL FOOD LICENSE APPLICATION

250 Sharon Ave, Sharon Hill, PA 19079 Phone (610)586-8200

TOTAL FEES & A COPY OF THIS APPLICATION MUST BE SENT TO THE BOROUGH OFFICE WITHIN THIRTY (30) DAYS OF THIS NOTICE

Failure to submit application can lead to late fees & citations.

Application is hereby made for a license to operate. By this application, it is agreed that the establishment will comply with the provisions of the Borough of Sharon Hill rules and regulations applicable to this type of establishment. It is further agreed that said establishment shall be open to inspection by the Sharon Hill Borough's health Officer. Any changes in application, owner/manager must contact the Borough. Licenses are not transferable. Contractors must be licensed and obtain necessary permits to work in your establishment.

Name of Establishment: _____

Address: _____ Phone #: _____

Square Feet of Establishment: _____ SF

Name of Proprietors: _____

Address: _____ City: _____ State: _____

Phone #: _____

INSPECTION FEES:

Less than 1,500 Square Feet	\$150.00
1,501 to 2,500 Square Feet	\$200.00
2,501 to 5,000 Square Feet	\$250.00
5,001 to 7,500 Square Feet	\$325.00
7,501 to 10,000 Square Feet	\$450.00
10,001 to 15,000 Square Feet	\$600.00
Greater than 15,000 Square Feet	\$700.00
All mobile food establishments	\$150.00

Fee Includes: One – dollar (\$1.00) license fee required by Pennsylvania State Law

Inspection Fee: \$ _____ Date Paid: ____ / ____ / _____

As required by PA Act 62 of 1992 all new establishments applying for license must submit proof that application has been made or receipt has been acquired of Sales & Use Tax License or Exemption from the PA Department of Revenue: (check one and endorse copy)

Sales & Use Tax License; Sales & Use Tax Exemption Certificate

N/A = Not Applicable for line items that do not apply to your particular establishment.

Manager's Name: _____

Number of Seats: _____
Estimated Patrons per Day: _____
Establishment Hours: _____ to _____
Total # of Employees: _____

Does the Establishment have a certified food manager? _____

Name: _____

Expiration Date: _____

(Attach Copy of Certificate)

Name & Phone number of grease trap cleaner: _____

How often are traps cleaned? _____

Exhaust hood / filters cleaning frequency: _____

Name & Phone number of commercial cleaning company: _____

Name & Phone number of garbage and refuse collector: _____

How often are collections made? _____

Commercial establishments are required to recycle according to Recycle & Waste (ACT PA 101)

Name of exterminating services: _____

How often is establishment exterminated? _____

I _____ hereby, certify the facts set forth (Print name of Proprietor or Authorized Agent) on this application are true and correct to the best of my knowledge. I understand that the submission of false or misleading information is grounds for legal action.

Title of Proprietor or Authorized Agent: _____

Signature of Proprietor or Authorized Agent	Date

Proprietor is defined as the person, partnership, association or corporation conducting a public food service facility. If ownership is a partnership or corporation attach a list of all partners or corporation officers along with their home addresses and phone numbers.

If any of your food is prepared off the premises you must include a copy of the current license and latest inspection of the establishment where the food is prepared, as well as verification by establishment owner that the food is being prepared there!

This section to be completed by Borough office

Inspection Date: ____ / ____ / _____ License sent: ____ / ____ / _____ License # _____

Remarks: _____

Health Officer Signature