

DATE: _____

ACCOUNT # _____



CITY OF
LANCASTER

**CITY OF LANCASTER
HEALTH BUREAU**

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 on 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 HEALTH DIVISION
LOCATED AT 120 NORTH DUKE STREET, P.O. BOX 1599, LANCASTER, PA 17608-1599**

PLEASE TYPE OR PRINT ALL INFORMATION

SECTION 1 (COMPLETE AND MOVE TO SECTION 2)

PURPOSE OF THE PLAN REVIEW

APPLICATION FOR: Permanent License Caterer Kitchen Location _____

THIS FACILITY IS A: Permanent Structure Temporary Event: No Pulled Unit

PLEASE SELECT ANY THAT APPLY:

- New Food Facility
- Remodel of an Existing Facility
- Change of Business Name
- Other, Describe _____
- Change of Ownership for an Existing Facility
- Change of Food or Operation type for an Existing Food Facility

SECTION 2 (COMPLETE AND MOVE TO SECTION 3)

FACILITY INFORMATION

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

STREET NUMBER AND STREET NAME

CITY

STATE

ZIP CODE

COUNTY

TOWNSHIP/BOROUGH/CITY

TELEPHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

CELL NUMBER OR ALTERNATE PHONE NUMBER

****ALL CHANGES OR UPDATES MUST BE REPORTED TO YOUR LOCAL HEALTH OFFICE WITHIN ONE WEEK.****

MAILING ADDRESS (IF OTHER THAN ABOVE):

STREET NUMBER AND NAME

CITY

STATE

ZIPCODE

BUSINESS OWNER, COMPANY OR CORPORATE NAME _____

STREET NUMBER AND NAME

CITY

STATE

ZIPCODE

RESPONSIBLE OFFICIAL AT THE FACILITY _____

PLEASE PRINT FULL NAME

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 manufacture's names and model numbers), water and sewer connection locations, restroom locations and fixtures, lightning schedules, surface or finish coat materials on 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.

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

Applicant Signature

ALL MOBILE FACILITIES MUST SUBMIT A FLOOR PLAN AND EQUIPMENT LIST

SECTION 4 (COMPLETE AND MOVE TO SECTION 5)

WATER, SEWER, WASTE INFORMATION

WATER: The facility is on, or will use: (Check one that 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 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 THE ONE THAT APPLIES)

A municipal / public sewage disposal system.
Name of Sewage Authority: _____

A non-public sewage disposal system. For on-lot sewage disposal systems (i.e. sand mounds, holding tanks), 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

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

REFUSE: (CHECK ALL THAT APPLY & COMPLETE FULLY)

The food facility refuse collector is _____ (Company Name)

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

 This facility is a mobile unit and will use an approved refuse site for disposal of refuse, waste, and grease. Provide documentation of waste and grease removal.

SECTION 5 (COMPLETE AND MOVE TO SECTION 6. IF A REMODEL ONLY IN SECTION 1, SALES TAX INFORMATION IS NOT REQUIRED)

**ZONING AND OTHER CODES
(BUILDING / PLUMBING / MECHANICAL / FIRE)**

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

Facility is Compliant with Local Zoning requirements. **Home-based retail facilities** (only those allowed by the Department) **need to attach written documentation** from their municipality stating that a food type business can be conducted from the home. ***All applicants are required to attach a Certificate of Zoning Compliance.**

Facility is Compliant with **all** building Code Requirements (electrical, plumbing ventilation, structural, etc). ***A Certificate of Occupancy is required from the Office of Code Compliance and Inspections.**

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.

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)

**COMMISSARY KITCHEN INFORMATION
FACILITY WHERE FOOD IS PREPARED/STORED**

Attach letter of permission/acceptance from owner of commissary kitchen

NAME OF COMMISSARY _____

ADDRESS OF COMMISSARY _____

_____ CITY STATE ZIP CODE

_____ COUNTY TOWNSHIP/BOROUGH/CITY

() TELEPHONE NUMBER FAX NUMBER

_____ EMAIL ADDRESS CELL NUMBER OR ALTERNATE PH. NUM.

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

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

TYPE OF SERVICE (check all that apply) ***

- | | | |
|--|---|--|
| <input type="checkbox"/> Retail Grocery | <input type="checkbox"/> Retail Grocery/Salvage | <input type="checkbox"/> Residential (non-tuition) |
| <input type="checkbox"/> Dine in Food Services | <input type="checkbox"/> Take-out Food Services | <input type="checkbox"/> Farm Market Stand |
| <input type="checkbox"/> Church | <input type="checkbox"/> Catering | <input type="checkbox"/> School |
| <input type="checkbox"/> Organized Camp | <input type="checkbox"/> Bar/Club | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Home Food Processor | <input type="checkbox"/> Day Care | <input type="checkbox"/> Temp. Facility at event/festivals |

Other – Describe: _____

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 (COMPLETE)

This application, along with the floor plans and any other requested materials, as listed above, should be **submitted to your local Health Office.**

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 (2) weeks for processing of your plan review from the date of post marking.

Signature, Title

Date

*****IF YOU SELL YOUR BUSINESS OR CHANGE THE NAME,
YOU MUST NOTIFY THE HEALTH OFFICE*****

**HEALTH BUREAU CHIEF, CRAIG WALT: 717-291-4714
HEALTH CLERK, TYRESA BAILEY: 717-291-4824**

FILL IN AND SIGN THE APPROPRIATE BLOCK

BUSINESS NAME: _____

BUSINESS FEDERAL EMPLOYMENT IDENTIFICATION NUMBER: _____

SOLE PROPRIETER (INDIVIDUAL PERSON)

Signature – General Partner

Legibly Print Name

Date

PARTNERSHIP

Signature – General Partner

Legibly Print Name

Date

LIMITED PARTNERSHIP

Signature – General Partner

Legibly Print Name

Date

CORPORATION OR ASSOCIATION/NON-PROFIT ENTITY:

Name of Corporation or Non-Profit Entity

Signature of President / Vice President (circle one)

Date

Legibly Print Name

Signature of Secretary / Treasurer (circle one)

Date

Legibly Print Name

LIMITED LIABILITY COMPANY (LLC):

Name of Corporation

Signature – Member Date

Signature – Member Date

Legibly Print Name

Legibly Print Name



APPLICATION
PUBLIC EATING & DRINKING PLACE/RENTAL/VENDING LICENSE
HEALTH BUREAU

120 NORTH DUKE STREET, P.O. BOX 1599, LANCASTER, PA 17608-1599
TELEPHONE: (717) 291-4824 FAX: (717) 291-4827

BUSINESS NAME: _____ **OWNER PHONE:** _____

Address of Establishment: _____

Owner's Name: _____

Office or Home Address: _____

FEE COMPUTATION

E&D: No. of full-time Employees, including owner(s) working at location: _____ Fee \$ _____

Retail Meat, Meat Products, Poultry, Seafood: Estimated Gross Yearly Sales: _____ Fee \$ _____

Frozen Dessert: _____ Fee \$ _____

Milk/Milk Products: _____ Fee \$ _____

Initial Licensing and Inspection: _____ (\$100.00) Fee \$ _____

TOTAL FEES \$ _____

I hereby affirm that the information, to the best of my knowledge, is true and correct.

Applicant's Signature

Corporation/Partnership: _____

Officer(s): Name: _____ Phone: _____

 Address: _____

 Name: _____ Phone: _____

 Address: _____

 Name: _____ Phone: _____

 Address: _____

Department of Agriculture License #: _____ LCB #: _____

Food Safety Certification Yes No Date Completed: _____

Corporation/Applicant Signature

agrees to comply with all public safety, health
and applicable codes related to this establishment.

Date Signed: _____ Temporary License: _____ Permanent, Non-Transferable License: _____

OFFICIAL USE ONLY

- CITY LICENSE TYPE:**
1. E & D
 2. Retail for Store REGISTRATION
 3. Wholesale REGISTRATION

LICENSE STATUS:

REG EXEMPT TEMPORARY
STANDARD FOR REVIEW PERMANENT
MOBILE TFF W/PERMANENT LIC

APPROVAL

PLANS APPROVED, DATE _____ **PLANS DENIED, DATE:** _____

Reasons for denial:

REVIEWING HEALTH OFFICER: _____

FILE # _____

DATE: _____

APPLICATION FOR ZONING COMPLIANCE

City of Lancaster, Pennsylvania

120 North Duke Street • P.O. Box 1599 • Lancaster, Pennsylvania 17608-1599

Telephone (717) 291-4736 • Fax (717) 291-4721

APPLICANT

Name: _____

Home Mailing Address: _____

Phone #: _____ E-Mail: _____

Business Name: _____

Address: _____

Phone #: _____

PROPERTY

Property Address: _____

Zoning District: _____ HARB: Yes _____ No _____ Design Review: Yes _____ No _____

Owner Name: _____

Owner Address: _____

DESCRIPTION OF USE

Use Category: _____

Type of Product/Service: _____

Square Footage of Use/Space: _____

Previous Use: _____

I, _____, the undersigned, certify that the information I have provided for this Application for Zoning Compliance is true and correct. In addition, I agree to comply with all terms and conditions of applicable City Codes and Approvals.

Applicant/Authorized Agent Date

OFFICIAL USE ONLY

Zoning Compliance _____ No Impact Home Occupation _____ General Home Occupation _____

Zoning Hearing Board Appeal No. _____ Fee \$50

Approved: _____ Date: _____