

Chester County Health Department
Bureau of Environmental Health Protection
601 Westtown Road Suite 288
P O Box 2747
West Chester, PA 19380-0990
Telephone: 610-344-5938 Fax #: 610-344-5934
www.chesco.org/food

**APPLICATION FOR LICENSE TO OPERATE
A TEMPORARY FOOD FACILITY**

Application is, hereby, made for a License to Operate. By this Application it is agreed that the Temporary Food Facility will comply with the provisions of the Chester County Health Department Rules & Regulations applicable to this Temporary Food Facility. It is further agreed that said Temporary Food Facility shall be open to inspection by the County Health Department.

Send **Thirty-Five Dollars (\$35.00) License Fee** for a fourteen (14) days or less event held at one site with the completed Application to the above address.

➤ **Tax-Exempt Organizations Note:** License Fee is Thirty Dollars (\$30.00) for up to 14 days. ⬅

Make check or money order payable to, "**TREASURER OF CHESTER COUNTY**", **DO NOT SEND CASH.**

Application for License must be received by this Department at least **five working days** prior to the event to allow for the processing of paperwork and for inspections. The License is not transferable.

SECTION 1 OPERATOR INFORMATION

Name of Temporary Food Facility: _____

Name of Event: _____ Date(s) of Event: _____

Physical Location of Event:

Address: _____

Municipality: _____

(Borough, City, Township)

Temporary Food Facility Operator's Business Designation*: _____

Temporary Food Facility Operator's Address: _____

Temporary Food Facility Contact Person: _____

Phone Number: _____ Fax Number: _____

Cell Phone Number: _____

Email Address: _____

Name of Certified Food Manager (CFM): _____ Certificate Expiration Date: _____

As required by PA Act 62 of 1992 for the Food Facility for which Application is hereby being submitted, the following proof is enclosed that application has been made or receipt has been acquired of a Sales and Use Tax License or Exemption from the PA Department of Revenue. **Check appropriate box and enclose a copy.**

Sales and Use Tax License Sales and Use Tax Exemption Certificate Completed Sales Tax Application

I, _____, hereby, certify that the facts set forth on this application are true and correct

(Print Name of Operator or Authorized Agent)

to the best of my knowledge and understand that the submission of false or misleading information is grounds for legal action.

(Signature of Operator or Authorized Agent) _____
(Title of Operator or Authorized Agent) Date _____

* Operator is the entity who is legally responsible for the operation of the food facility, such as the owner, owner's agent or other person.

FOR DEPARTMENTAL USE ONLY

Amount Paid: _____ Date Rec'd _____ Rec'd By _____ Receipt # _____ ID # _____

Chester County Health Department
Application for License to Operate a Temporary Food Facility

6. Describe the utensil and ware washing facilities at the facility:
___ a. Three-compartment sink
___ b. Three large containers
___ c. Other (describe) _____
7. What sanitizing agent will be used during utensil and ware washing? _____
8. What type of restroom facilities are available? _____
9. Solid and liquid waste disposal:
a. Describe wastewater disposal/storage: _____
b. Type/number of garbage containers: _____
c. Who is responsible for garbage collection/removal? _____
10. If applicable, describe lighting at the facility: _____
11. What methods will be used to control dust and flying insects? _____

SECTION 5 **FOOD HANDLING PROCEDURES**

1. What hours will the CFM listed on Page 1 be at the facility? _____
2. Will food service gloves be provided? ___ Yes ___ No (explain) _____
3. Will probe-type thermometers be provided? ___ Yes ___ No (explain) _____
4. If undercooked or raw foods are to be served, will a consumer advisory be provided? ___ Yes ___ No (explain) _____
5. How will food be restocked during the event? _____
6. What will be done with the leftover foods? _____

SECTION 6 **WATER INFORMATION**

1. What type of water supply will service the event?
___ a. Municipal or Public Utility Supply. Name of Supplier: _____
___ b. On-Site Drilled Well.
• Who is responsible for the well? _____
• Where is the well located? _____
• Results of a water sample taken from this well 14-30 days prior to the event must be submitted to this Department before the event.
___ c. Bottled water only.