

Borough of Folcroft
1555 Elmwood Ave
Folcroft, PA 19032

Phone 610-522-1305

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APPLICATION FOR FOOD LICENSE AND INSPECTION FEES

**TOTAL FEES AND 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 and 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 Folcroft rules and regulations applicable to this type of establishment. It is further agreed that said establishment shall be open to inspection by Folcroft Borough's Health Officer. Any changes in application, owner/manager must contact the Borough. License is not transferable. Contractors must be registered and obtain necessary permits in order to work in your establishment.

*Establishment:

Name _____ Phone: _____

Address: _____ Square Feet of Establishment: _____

• Proprietors:

Name: _____ Phone: _____

Address: _____

INSPECTION FEES:

Less than 1,500 Square Feet	\$100
1,501 to 2,500 Square Feet	\$125
2,501 to 5,000 Square Feet	\$150
5,001 to 7,500 Square Feet	\$250
7,501 to 10,000 Square Feet	\$450
10,001 to 15,000 Square Feet	\$600
greater than 15,000 Square Feet	\$700
All mobile food establishments	\$75
Tattoo Parlor Fee	\$1,250

Fee includes One-dollar (\$1) license fee as 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 a Use Tax License or Exemption from the PA Department of Revenue: (check one and enclose Copy) Sales & Use Tax License; Sales & Use Tax Exemption Certificate

Manager's Name: _____ Number of Seat= _____

Estimated # of Patrons per day _____ Establishment Hours _____

Do you have a certified Food Manager? __ Name: _____

CPM Certificate II _____ Expiration Date _____ Total # of Employees _____

Please attach copy of certificate)

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Name and Phone Number of Grease Trap Company. _____

How often are traps cleaned? _____ Exhaust hood/filters cleaning frequency: _____

-Name and Phone Number of Commercial Cleaning Company _____

-Name and Phone Number of your Private Garbage/Refuse Collector _____

How often are the collections made? _____

-Name and Phone Number of your Recycling Collector _____

How often are collections made? _____ Commercial establishments are required to recycle according to Recycle & Waste (ACT PA 101)

-Name and Address of your Exterminating Service _____

How often is establishment exterminated? _____

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

Date

(Signature of Proprietor or Authorized Agent)

(Title of Proprietor or Authorized agent)

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.*

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

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Inspection Date _____ License

Sent _____

REMARKS:

