

MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF PUBLIC HEALTH

PO Box 311
Norristown, PA 19404-0311
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Fax: 610-278-5167

364 King Street
Pottstown, PA 19464
610-970-5040
Fax: 610-970-5048

102 York Road, Suite 401
Willow Grove, PA 19090
215-784-5415
Fax: 215-784-5524

LICENSE APPLICATION TO OPERATE A FOOD SERVICE ESTABLISHMENT

Please **PRINT** in all fields. Incomplete applications will be returned and will delay processing time/issuance of license.

Check (✓) type of application: Initial Application Change of Ownership

Establishment Name and Address

Establishment Name:			
Street Address:			
City:	State: PA	Zip:	Municipality:
Contact Name for Establishment:			Phone:
Fax:	Mobile:		Email:

Permits and Invoices will be mailed to the Establishment Mailing Address

Establishment Mailing Address: Check (✓) if same as Establishment Address

Establishment Mailing Address if different than above:

Street Address:		
City:	State:	Zip:

Owner Information

Owner Name:			
Street Address:			
City:	State:	Zip:	Phone:
Fax:	Mobile:		Email:

Owner Mailing Address: Check (✓) if same as Owner Address

Mobile Food Vendor ONLY

Truck Make:	Truck Model:	Year:	VIN #:	Registration No. (License Plate No.):
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If Change of Ownership, former name of establishment: _____

Trade/Corporation Name: _____



License Type – Check (✓) appropriate license type and complete additional items if applicable.

A - Sit down dining

of seats: _____

AA - Sit down dining with retail sales (e.g. hotels)

of seats: _____ Square footage: _____

B - Take out facilities (no seating)

C - Retail food facilities (e.g. convenience stores, mini marts)

Square footage: _____

CC - Retail food facility having take-out or sit down
(e.g. major grocery stores)

Take-out zero seats OR # of seats: _____ Square footage: _____

D - Commissaries (including caterers)

E - Mobile food vendors (per vehicle)

F - Non-profit charitable operation

Establishment Information

Water Supply: Community On-Site Well

Sewage: Public On-lot Sewage

Application fee \$ _____ See fee schedule (www.montcopa.org/healthfeeschedule). Fee **MUST** be filed with application. All checks and money orders are made payable to the **TREASURER OF MONTGOMERY COUNTY**.

Application is hereby made for license to operate a food service establishment in Montgomery County. By signing this application, you certify that the facts set forth on this application are true and correct, understanding that the submission of false or misleading information is grounds for suspension or revocation of license. Also, you agree that the establishment will comply with the Montgomery County Public Health Code. You indicate that you have complied with applicable provisions of Act 62 of 1992, which requires any person applying for a food establishment license in the Commonwealth to apply for a sales and use tax license or exemption certificate from the Pennsylvania Department of Revenue.

Print name of owner/authorized agent

Signature of owner/authorized agent

Title

FOR OFFICE USE ONLY		
Reviewed By:	Date:	
Check Received By:	Date:	
Method of Payment: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cashier's Check	Fee Paid:	Check #:
Assigned To Inspector:	Date:	
Supervisor Approval:	License Expiration Date:	License #: