

BOROUGH OF CHAMBERSBURG

▶ APPLICATION FOR A **TEMPORARY** RETAIL FOOD LICENSE ◀

As adopted by Ordinance No. 2012-04

Permanent Licenses should be applied for approximately 60 days prior to the initial sale of food.

Please make check payable to: Pa Municipal Code Alliance (PMCA)
380 Wayne Avenue
Chambersburg PA 17201

Questions? Call: 717 496-4996

Special Event License / Temporary License (Complete Application must be submitted a minimum of 7 days in advance)

- City License Holder off premise.....\$40.00
- Any Vendor without Current City License (1 or 2 day events).....\$50.00
- Any Vendor without Current City License (3 or 5 day events).....\$60.00

Note Licenses – If available and procured less than 7 days of the event cost an additional.....\$55.00

If available and procured on the day of the event, cost an additional.....\$85.00

▶ Special cases not otherwise provided for above are \$45 per hour

Temporary Food Service Facility (TFS) means a retail food facility which is a mobile food facility OR a physically permanent retail food facility AND is issued a temporary retail food facility license under The Retail Food Facility Safety Act §5703(g)(2). (Facility operates no more than 14 calendar days per year or operates at a fair, festival or other event of no more than 14 days.)

Value Added: Vendor alters raw products by washing, processing, chopping or offering them in a state that makes them ready-to-eat

SECTION 1:

Total Fee Submitted: \$ _____

WHAT TYPE OF TEMPORARY LICENSE:

14 consecutive calendar days at the same location or mobile

Single event/festival

THIS FACILITY IS A:

Permanent structure (i.e. building)

Mobilized unit/structure (i.e. truck, tent)

LOCATION OF EVENT:

_____ Address: Street City State Zip

Private Property (a land use permit is required from the Borough of Chambersburg)

Public Property (permit must be obtained from the Borough Recreation Department)

Tent will be erected (size _____ X _____) Land Use & UCC Building Permit Required

SECTION 2:

NAME of Business/Organization

Email Address

LOCATION/Address of Facility: Street City State Zip

MAILING ADDRESS (if other than Above) Street City State Zip

Phone Number

Fax Number

Cell Phone Number

PROPRIETOR/OWNER TYPE:

- | | |
|--|--|
| <input type="checkbox"/> Non-Profit or Association | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Limited Liability Co. (LLC) | <input type="checkbox"/> Limited Liability Partnership (LLP) |

RESPONSIBLE OFFICIAL (If not the owner)

NAME (print) _____
Email Address

Responsible Officials Address: Street City State Zip

Phone Number Fax Number Cell Phone Number

REFUSE: (Check all that apply)

- We will be using a refuse/trash collector – Name of Company: _____
- List any other refuse/waste collection companies (ex: grease collection) _____
- This facility is a mobile unit and will use various approved refuse sites for disposal of refuse and waste.
Explain: _____

Mobile Units/Structures/Tents:

Please describe your water supply to be used for this unit. Are you filling up from a municipal water supply? If so, who is that supplier? If you are using the water supply from an Event location, name the location (ABC Fairgrounds). If you are filling up your water supply tanks from a non-public supply such as a well, you must obtain a water test (Total Coliform and Nitrate/Nitrite) for that water supply. **You must provide a copy of that water test result with this application. Those utilizing the Event Sponsors water supply need not submit test results.** How large is your potable water supply in gallons? What type of water supply tanks are you using? *See Temporary License Guidelines below.*

SECTION 3: Zoning and other Codes

- I have verified compliance with Borough Zoning requirements.
- I have verified compliance with All Building Code requirements (electrical, plumbing, ventilation, structural, etc.), where applicable.

SECTION 4: FACILITY SERVICE INFORMATION

DAYS AND HOURS OF OPERATION

► If you are applying for a Sponsored Event/Festival, list the name of the Event, date(s), & **the specific hours your stand will be up and operating**. Please be VERY accurate with this timing. If the stand is not up and ready with the Temporary License and safeserve(if applicable) and hand washing facility prior to the health inspectors arrival you may be closed and/or charged an added fee if more time is required by the health inspector:

<u>Event Title/Name</u>	<u>Location</u>	<u>Dates/Hours of Operation</u>
#1 _____	_____	_____
#2 _____	_____	_____
#3 _____	_____	_____
#4 _____	_____	_____
#5 _____	_____	_____
#6 _____	_____	_____
#7 _____	_____	_____

If more Events please add sheets

► If you are applying for a temporary license to operate from *one location for 14 calendar days or less*, whether a permanent structure or a mobile unit, list the dates which you plan on operating from a location and the location address and/or specifically where and when you will be selling for the 14 days of operation. Also include the specific hours of operation:

► If you travel to events in the Borough of Chambersburg, which events do you attend that are greater than 3 days in length each calendar year? Give the location, dates and hours of operation also.

<u>Event Title/Name</u>	<u>Location</u>	<u>Dates/Hours of Operation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 5: FOODS TO BE SERVED AT EVENT (Clearly describe or attach Menu):

Menu Attached

Temporary Health License Specifics

- 1.) All Temporary Health Licenses expire on December 31 of that issuance year, unless otherwise noted.
- 2.) A license is for that establishment, at that location, for that owner. They are not transferable. All changes from original application should be submitted to this office, in writing within 10 days.
- 3.) All temporary licensees must file an amended application before equipment changes, renovations or extensive menu changes (25% of menu). Changes are subject to approval of this office
- 4.) All temporary licenses are subject to formal and informal inspections at any time. The results of a formal inspection are public domain and may be provided in a public forum.
- 5.) All licenses are subject to suspension, revocation and administrative actions that may include prosecution for Food Code Violations which may result in financial penalties for failure to follow applicable laws, administrative rules & regulations and guidelines regarding food service and codes violations relating to the entire property-containing establishment. Your facility will be closed when the license is suspended or revoked.
- 6.) Please be attentive to all your responsibilities and duties related to this license. Cleanliness, proper temperatures, good employee supervision, and attention to compliance with the State Food Code is mandatory.
- 7.) History has shown us over the years applicants for temporary food vendors license routinely fail to have appropriate hand-washing facilities available during their hours of operation. Please make every attempt to know proper hand-washing techniques and have the necessary equipment available at all times.

SECTION 6: FACILITY STRUCTURE

The Applicant understands and agrees that this document is an application for licensure of a temporary retail food facility. The applicant understands and agrees that only a "proprietor" of a retail food facility may obtain a retail food facility license; and that a "proprietor" may be a person, partnership, association or corporation operating a retail food facility within the Commonwealth of Pennsylvania. The applicant verifies that it is the "proprietor" of the temporary retail food facility that is the subject of this application. I hereby acknowledge receipt of Health License Application Packet. I have thoroughly reviewed all information and have willingly completed the application form. I acknowledge that all the information is true and correct to the best of my knowledge and that I am an owner or authorized agent of the corporation. I understand that any falsification of this document will result in it being null and void. It is to be noted that submission of a false statement to a public official, pursuant to Section 4904 of Title 18 of the Pennsylvania Crimes Code, constituting a misdemeanor of the third degree offense, punishable by a fine and imprisonment of not more than one year.

FILL IN AND SIGN THE APPROPRIATE BLOCK

INDIVIDUAL PERSON

PARTNERSHIP

LLC

Signature of Owner / Agent

Position/Title

Date

Print Name

Email Address

Phone Number

Fax Number

Cell Phone Number

Corporation or Association/Non-Profit Entity:

Signature of Assoc./Non Profit Entity

Position/Title

Date

Print Name

Email Address

Phone Number

Fax Number

Cell Phone Number

Signature of Secretary/Treasurer

Position/Title

Date