



West Lebanon Township
 322 North 22nd Street, Lebanon, PA. 17046
 Phone # (717) 274-1598 Fax: (717) 274-5119

Public Safety & Health Department
 Application for Retail Food Facility Plan Review

Chapter 46 , Food Code, the Rules and Regulations of the PA Department of Agriculture issued the Act of May 23, 1945, P.L. 926(Act 369) and Act 70 of July 7, 1994, requires that properly prepared plans and specifications for construction, remodeling and/or alteration of a retail food facility must be submitted to and approved by the Department before food can be prepared, served, and/or sold.

- For New Applicants**, please completed information in all sections.
 - For Renewal of License or Change of Ownership** for Existing Facility; complete Section 1, 2 and 5.
 - For Remodel ONLY** complete Section 1, 2 3, 5, 6, 7, and 9.
 - For Temporary Food License**, completed Sections 1, 2, 5 and 8. Date of event is needed for issuing Permit.
- ***Signature in Section 10 is required on all submitted applications.*****

Section 1

PURPOSE OF THE PLAN REVIEW

APPLICATION FOR; _____ Permanent License _____ Temporary License
 THIS FACILITY IS A; _____ Permanent Structure _____ Mobile Unit/Structure

PLEASE SELECT ANY THAT APPLY:

_____ New Food Facility _____ Change of Ownership for an Existing Facility
 _____ License Renewal
 _____ Remodel of an Existing Facility _____ Food Processor
 _____ Change of Food or Operation Type for an Existing Food Facility
 _____ Other, Describe _____

Name of Facility _____

If License Renewal ONLY: Signature _____ Date _____

Section 2

FACILIY INFORMATION

Name of Facility: _____

Address of Facility: _____
 Street Number & Name City State Zip Code

Phone Number _____ Fax Number _____

Cell Number or Alternate Phone Number _____

E-Mail Address _____

Mailing Address (if other than above) _____
 Street Number & Name City State Zip Code

Section 2 continued...

Business Owner, Company, or Corporation _____

Responsible Official at The Facility _____

Section 3

FACILITY FLOOR PLAN & EQUIPMENT LIST

All facilities, except Renewal of License or 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 name and modal number), water and sewer connection locations, and fixtures, lighting schedules, surface coat materials of the floors, walls and ceiling, and site plan showing exterior building structure (including storage areas, trash receptacles, outside refrigeration units, etc.). Commonwealth regulations prohibit the use of lead pipe, lead based solder and fittings 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.

Remodel facilities only, need only submit a floor plan and list of equipment for the specific area(s) of the food facility that is affected by the remodel.

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

Applicant Signature _____

Section 4

WATER, SEWER WASTE INFORMATION

Water: The Facility is on, or will use; (check which one applies)

_____ A public/municipal water supply. Supplier _____

_____ 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 & Test Water supplies if Mobile.

Applicant Signature _____

Sewer: The facility is on: (check which one applies)

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

_____ Appropriate sewage/waste holding tanks that will be disposed of at approved sewage disposal site only.

Applicant Signature _____

Refuse: (Check all that apply)

_____ The food facility refuse collector is _____
(Company name)

_____ List any other refuse or waste collection companies (Ex: grease collection) _____

_____ This facility is a mobile unit and will use various approved refuse for disposal of refuse and waste.

Section 5

ZONING AND OTHER CODES

_____ Facility is Compliant with Local Zoning requirements. **Home based retail facilities** (only those allowed by the Department) need to attach written documentation from the municipality that food type business can be conducted from the home.

_____ Facility is Compliant with All Building Code requirements (electrical, plumbing, ventilation, structural, etc.)

_____ A license to collect sales tax has been obtained or applied for. For information on applying for sales tax license, contact the Pennsylvania Department of Revenue 717-787-8201. A copy of the sales tax proof of application is attached to this application.

_____ According to the PA Department of Revenue, my business is exempt from collection of sales tax.

I certify that the facility is compliant with the above checked requirements and any require supporting documentation is attached.

Applicant Signature _____

Signature is required to affirm compliance with the appropriate requirements.

Section 6

CONSTRUCTION

_____ Minor Construction _____ Major or New Construction _____ Equipment Change

Attach description of construction and/or changes with anticipated time frame for start and completion of construction and/or changes.

Section 7

FACILITY SERVICE INFORMATION

Days of Operation & Time (list times that the facility is open)

Date	Hours of operations	Date	Hours of operations
Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday		Holidays	

Type of menu (Check which one applies)

_____ Full-Service Menu **attach menu _____ Limited Menu ** attach menu

_____ Specific Food Items – List items _____

_____ Full-Service Grocery with Departments; _____ Bakery _____ Deli _____ Café

_____ Produce _____ Meat _____ Seafood _____ Dairy

_____ Other - Please List _____

Do you plan on serving any food undercooked or raw? List _____

Do you have or have you applied for liquor license? _____ YES _____ NO

Projected Seating Capacity

_____ of seats (mark “0” if there are no seats in the facility) _____ # of patrons served (projected)

Employee Information

_____ # of anticipated employees

Do you have a PA Certified Food Handler on Staff? _____ YES _____ NO

If yes, list name and PDA Certificate number _____

If NO, you will have 90 Days from the date your license/registration is issued to make arrangement to send a supervisory level employee to training.

Visit www.agriculture.state.pa.us to obtain a list of approved courses in your county.

Do you have an employee health policy? _____ YES _____ NO

(An employee health policy establishes how to handle ill employees, See Section 46.111 thru 46.115 of the Food Code for clarification). If NO, prior or opening an employee health policy must be established, either in writing or verbal, and presented to every employee of the establishment.

Section 8 (Temporary Food Facilities ONLY)

A Temporary Food Facility is a food facility operating ONLY at fairs, carnivals or other sponsored events.

Please note; If attending 3 or less events, a temporary license can be issued for each event. If attending more than 3 events, a permanent license must be obtained.

Number of Temporary Events Anticipated each year in West Lebanon Township ? _____

Proposed dates of events _____

Name of Sponsoring Event(s), Celebration(s), or Festival(s) planned _____

Section 9

FACILITY OPENING

Anticipated date of opening and/or ownership of the facility and/or remodeling completion date _____

Section 10

This application, along with the floor plan and any other requested materials, as listed above, must be submitted to the Department of Public Safety.

By signing this application, you are confirming that all information is accurate and true. Failure to supply all requested information at time application is submitted, may result in a delay in licensing your facility or other penalties for falsifying information.

Printed Name _____ Title _____

Signature _____ Date _____

Please allow two weeks for processing of your plan review from the date the application was received by the Township.

OFFICIAL USE ONLY

License Type; _____ Eating & Drinking _____ Retail Food Establishment Registration

_____ Farmers Market _____ Non-Profit _____ Temporary _____ Mobile Vender

Standards For Review: _____ Permanent _____ Temporary _____ Mobile _____ TFF W/Permanent Lic.

Approval: Plans Approved Date _____ Plans Denied Date _____

Reasons for denial; _____

Reviewing Official _____