



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, 9 and 10.
For Temporary Food License, completed Sections 1, 2, 5 and 8. Date of event is needed for issuing Permit.

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

FACILITY 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 arrangements to send a supervisory level employee to training.

Visit [www.agriculture.state.pa.us](http://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 the requested information may result in a delay in licensing your facility.

Signature, Title \_\_\_\_\_ 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 \_\_\_\_\_