



CITY OF WARREN

318 West Third Avenue
Warren PA, 16365
Phone (814)723-6300
Fax (814) 723-3242

APPLICATION and PLAN REVIEW FOR TEMPORARY RETAIL FOOD LICENSE

City of Warren Resolution 2933 established procedures for the issuance of Retail Food Facility Licenses in accordance with the Pennsylvania Retail Food Act of 2010, Food Employee Certification Act of 2012, and the Department of Agriculture Food Code. All necessary forms and applications must be fully completed to obtain a license from the City of Warren to operate a Retail Food Facility in the City of Warren.

Return all necessary documents to the City of Warren at the address above. All documentation must be reviewed and approved by the City of Warren Code Department prior to work beginning; which includes, but not limited to, construction, remodeling, alteration, change in use, new ownership, or the preparation/sale of foods from a retail food facility.

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

SECTION 1:

PURPOSE OF THE PLAN REVIEW

PART A:

APPLICATION FOR TEMPORARY LICENSE: 14 calendar days: at the same location or mobile
 Single Event/Festival (no more than three events per calendar year).

PART B:

THIS FACILITY IS A: (check one) Permanent Structure (i.e. Building) OR
 Mobilized Unit / Structure (i.e. truck, tent)

SECTION 2:

FACILITY INFORMATION

NAME OF BUSINESS/ORGANIZATION:

ADDRESS OF BUSINESS/ORGANIZATION:

Street Number and Name City State Zip Code

County

Township/Borough

(____) _____
Phone Number

(____) _____
Fax Number

Email Address

(____) _____
Cell Number or Alternate Phone Number

MAILING ADDRESS (If Other Than Above):

Street _____

City _____

State _____

Zip Code _____

PROPRIETOR/OWNER TYPE: SOLE PROPRIETOR CORPORATION NON-PROFIT OR ASSOCIATION
 PARTNERSHIP LIMITED LIABILITY CO. (LLC) OR PARTNERSHIP (LLP)

RESPONSIBLE OFFICIAL AT THE ESTABLISHMENT (if not the owner)
NAME AND TITLE _____

PLEASE FILL IN DETAILED INFORMATION ON YOUR PROPRIETORSHIP ON PAGE 6 OF THIS APPLICATION.

SECTION 3:

FACILITY FLOOR PLAN & EQUIPMENT LIST

SIGN, ATTACH FULL PLANS, AND MOVE TO SECTION 4.

All applicants must submit a copy of a floor plan/layout. This plan must include the basic layout of the facility/unit as it will be set up at the Event or location; the location of all food service equipment even if minimal; a listing of all equipment (including manufacturer's names and model numbers); water and sewer supply information; restroom locations or accommodations; handwashing sink information; warewashing sink information; surface materials of floors, walls and ceilings, if applicable. Annex storage units or depots must also be shown. See "Requirements for Temporary License Facilities" in the Instructions for this Application. Attach drawings/sketches, cut sheets and/or photo's as necessary.

This plan may be hand drawn as long as it is legible and approximately to scale. **Only one set of plans needs to be submitted.**

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

Applicant Signature _____

SECTION 4:

WATER, SEWER, WASTE INFORMATION
WATER:

Permanent Structures / Buildings:

A Public Community water supply.
Water Supplier: _____

Public Non-community / private water supply (example: well water) regulated by DEP. These water supplies must be reviewed by DEP to determine if they are "public" water systems. DEP, Department of Environmental Protection, can be reached at 717-783-2300.

Non-public water supply (NOT regulated by DEP). A coliform and nitrate/nitrate test must be performed on the water supply and **current water test must be attached to this application.**

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.

SEWER:

Permanent Structures / Buildings:

A municipal / public sewage disposal system.

Name of Sewage Authority: _____

A non-public sewage disposal system (examples; Sand mounds, holding tanks). For on-lot sewage disposal systems, please contact the certified Sewage Enforcement Officer for your municipality and discuss if the current sewage disposal system is appropriate for your food facility. This would not apply if the facility is connected to an approved municipal supply, as listed above.

I contacted my municipality regarding my on-lot sewage disposal system on _____ (date). To the best of my knowledge the on-lot system is adequate for the Retail Food Facility and is functioning properly.

Applicant Signature _____

Mobilize Units / Structures / Tents:

Please describe in detail how you will be collecting your waste water in your set-up. What size is your collection unit, in gallons? If portable tanks are being utilized, what kind? Where will this waste water be disposed of? Do you have designated hoses for this disposal? See Temporary License Guidelines. (Attach additional sheets/drawing or photo's if necessary)

REFUSE: (Check all that apply)

We will be using a refuse/trash collector: _____(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 sites for disposal of refuse and waste.

SECTION 5: COMPLETE AND MOVE TO SECTION 6

ZONING AND OTHER CODES

(Signature is required to affirm compliance with the appropriate requirements. Check all that apply)

- Facility / Unit / Business is Compliant with Local Zoning requirements. Contact City Planning to Confirm.

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

- According to the PA Department of Revenue rules and regulations, I have determined that my business is exempt from collection of sales tax.

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

Applicant Signature _____

SECTION 6

FACILITY SERVICE INFORMATION

PART A

DAYS OF OPERATION

If you are applying for a *Sponsored Event/Festival*, list the name of the Event and dates of the Event:

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:

PART B:

TYPE OF MENU (Check which one applies)

- Full Service Menu ** attach menu Limited Menu ** attach menu
- Specific Food Items List items _____

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

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

PROJECTED SEATING CAPACITY

_____ # of seats (mark "0" if there are no seats in the facility)
_____ # of patron served (estimated)

PART C:

EMPLOYEE INFORMATION

Number of anticipated employees/volunteers = _____

*Do you have a Nationally Certified Food Handler? YES or NO or N/A

*Non-Profit and Not-for Profit Organizations are exempt from this requirement, select N/A

If 'NO', you will have 90 days from the date your license is issued to make arrangement to send an employee who will be a Person in Charge of the facility to training. Visit the Department of Agriculture web site at www.EatSafePA.com to obtain a list of training courses available in your county.

Do you have an employee health policy? YES or NO

An employee health policy establishes how to handle ill employees/volunteers, See Sections 46.111 thru 46.115 of the Food Code for clarification. If NO, prior to opening an employee health policy must be established, either in writing or verbal, and presented to every employee / food handler in the facility.

SECTION 7

This application, along with the floor plan and any other requested materials, as listed above, should be **submitted to City of Warren Codes Department**, as listed on the cover letter. By signing this application, you are confirming that all information is accurate and true and no false statements have been made. Failure to supply all requested information may result in a delay in licensing your facility. Please allow **3 -4 weeks for processing** of your plan review from the date of post marking. You will be contacted by the City Health Officer with your approval or denial of this plan.

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 City of Warren. The applicant verifies that it is a/an (circle one): **person, partnership, association, corporation, or LLC**; and that it is the "proprietor" of the retail food facility that is the subject of this application. The applicant verifies that all statements and information in this application is true and correct to the best of the applicant's knowledge, information and belief; and makes these statements subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities.

FILL IN AND SIGN THE APPROPRIATE BLOCK.

INDIVIDUAL PERSON:

Signature

Legibly Print Name

Date

Date of Birth

PARTNERSHIP:

Signature-General Partner

Signature-General Partner

Legibly Print Name

Legibly Print Name

Date

Date of Birth

Date

Date of Birth

Corporation or Association/Non-Profit Entity:

Name of Corporation or Non-Profit Entity

Name of current CEO/President

Date of Birth of CEO/President

Signature of Corporate / Association / Non-Profit Official

Date

Legibly Print Name

Official Title of Signatory

Limited Liability Company (LLC) or Limited Liability Partnership (LLP):

Name of LLC or LLP

Name of President/CEO

Date of Birth of President/CEO

Signature – Member

Date

Signature – Member

Date

Legibly Print Name

Legibly Print Name

There are NO fees associated with this Plan Review Application

License fees will be collected at the time of the licensing inspection and are as follows: (payable to the City of Warren)

FEE SCHEDULE: DO NOT SEND ANY MONEY WITH THIS APPLICATION

Temporary Retail Food License Fee --\$50.00

2nd Re-inspection Fees--\$150.00

3rd Re-inspection Fees-\$350.00

Duplicate License Fee--\$15.00

A Temporary License is:

A license that is the following:

- (A) Issued to the operator selling in conjunction with an event or celebration and
- (B) Valid for the duration of the particular event or celebration of no more than 14 days duration (whether these days are consecutive or nonconsecutive) and
- (C) Issued to the operator with respect to **no more than (3) three events or celebrations in a particular calendar year**

OR

A license that is the following:

- (A) Issued to a food facility operator operating a food facility, whether stationary or mobile and
- (B) In operation for a total of no more than 14 days within a particular calendar year and
- (C) Not in conjunction with an event or celebration

OFFICIAL USE ONLY

LICENSE TYPE: Temporary E & D 14 days same location 14 calendar days mobile
 Single Event

STANDARDS FOR REVIEW: TEMPORARY LICENSE (TL) MOBILE (MFF) Both

APPROVAL

PLANS APPROVED, DATE _____ APPLICANT CONTACTED, DATE _____
METHOD _____

DISAPPROVAL

PLANS DISAPPROVED, DATE _____ LETTER MAILED TO APPLICANT, DATE _____

REASON FOR DENIAL: _____

REVIEWING HEALTH OFFICER _____

****REMINDER: IN ALL CASES, A FACILITY RECORD MUST BE CREATED IN PA FOOD SAFETY AND THE APPLICATION SCANNED AND ATTACHED TO THE FACILITY RECORD.**