



CITY OF WARREN
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WARREN, PA 16365
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APPLICATION AND PLAN REVIEW
RETAIL FOOD FACILITY PERMANENT LICENSE
WWW.EATSAFEPA.COM

City of Warren Resolution 2933 establishes 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 completed (incomplete applications will be returned) to obtain a license from the City of Warren to operate a Retail Food Facility in the City of Warren.

Return all necessary documentation 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 is not limited to, construction, remodeling, alteration, change in use, new ownership, or the preparation and sale of foods from a retail food facility.

SECTION 1

LICENSE TYPE: RETAIL FOOD FACILITY – PERMANENT

THIS FACILITY IS A:

- Permanent Structure/Building
- Mobilized Unit
- Not a structure/building or mobile, but always operating at the same location (i.e. market stand, barbecue operation, stick stand)

PLEASE SELECT:

- New Food Facility
- New construction of a Food Facility
- A new Food Facility (in an existing physical structure not previously a Food Facility)
- Opening a Food Facility that has been non-operational for more than three (3) months.
- Currently operating (within the prior three (3) months) and licensed Food Facility in which there will be a significant menu or food service style change. For example, change from a Mexican style restaurant to a fast food facility.
- Change of Ownership – (Retail Food Licenses are NOT transferable). Currently operating Food Facility that will have new ownership and generally the same menu type and food service style, if the facility has been actively licensed and has been operational within the last three (3) months. If not, select “New Food Facility” above.
- Remodel/Change to an existing Food Facility – Currently licensed and active Food Facility that is remodeling (non-aesthetic) part of all of the facility or is significantly changing food service style or processing methods.
- Other (please describe):

SECTION 2

FACILITY INFORMATION (MUST BE FULLY COMPLETED)

Facility Name: _____

Facility Address: _____

Street Address

City

State

Zip

Facility Phone: _____ Facility Fax: _____

Proprietor/Owner Type:

Sole Proprietor Partnership Non-Profit or Not-For Profit

Corporation Limited Liability Company (LLC)

Proprietor/Owner Name: _____

Mailing Address: _____

(if other than above)

Street Address

City

State

Zip

Proprietor/Owner E-mail: _____

Responsible Official at Food Facility: _____

(if other than Owner)

Name

Title

Phone: _____ E-mail _____

SECTION 3

FACILITY FLOOR PLAN AND EQUIPMENT LIST (IF A CHANGE OF OWNERSHIP FOR EXISTING FACILITY/NO CHANGES TO FACILITY, SKIP THIS SECTION AND MOVE TO SECTION 5. IF A REMODEL ONLY IN SECTION 1, SIGN AND ATTACH REMODEL PLANS AND MOVE TO SECTION 5. ALL OTHERS, SIGN, ATTACH FULL PLANS, AND MOVE TO SECTION 4.)

All facilities must submit ONE copy of a facility floor plan/layout. Change of ownership for an existing facility where no construction, remodeling, or changes are going to occur, or aesthetic changes, such as painting, carpet changes and decoration changes NEED NOT BE ADDRESSED. This plan must include the basic layout of the facility, the location of all food service equipment, a listing of the equipment (including manufacturer's names and model numbers), water and sewer connection locations, rest room locations and fixtures, lighting schedules, surface or finishing coat materials of floors, walls and ceiling, and site plan showing exterior building structures (including storage areas, trash receptacles, outside refrigeration units, etc.). Plans may be hand drawn, to approximate scale, neat and legible. Plans will not be returned to you. Commonwealth regulations prohibit the use of lead pipe, lead-based solder and fittings in potable water drinking systems after January 6, 1991. The Department of Agriculture can provide a guideline for your assistance in complying with this section of the application.

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

SECTION 4

WATER, SEWER, WASTE INFORMATION

Water: The facility is on, or will use (check which applies):

- A public/Municipal Water Supply regulated by the DEP (example: PA American Water)

Supplier: _____

- A non-public/non-Municipal/private water supply (example: well water). These water supplies must be approved by Department of Environmental Protection (DEP). Written documentation must be provided. **A current water test must be provided.**

- Various water supplies because this is a mobile unit and not filling at one location each time. Operators must always use approved and tested water supplies.

A current water test is attached and/or I understand that it is my responsibility to use ONLY approved and tested water supplies if mobile.

Applicant Signature: _____

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

- 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, written documentation from a certified Sewage Enforcement Officer stating that the sewage system is operating in a legal manner and with no apparent violations is required. This approval does not apply if the facility is connected to an approved municipal supply, as listed above.

I have attached written documentation for my on-lot sewage disposal system.

For mobile units: Appropriate sewage/waste holding tanks will be disposed of at approved sewage disposal sites.

Applicant Signature: _____

Refuse (check all that apply and complete fully):

- The Food Facility refuse collector is:

Name of refuse collector: _____

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

List any other refuse or waste collection companies (ex. grease collection):

SECTION 5

ZONING AND OTHER CODES (IF A REMODEL ONLY, SALES TAX INFORMATION IS NOT REQUIRED. CHECK ALL THAT APPLY):

- Facility/Unit is compliant with local zoning requirements.
- Facility/Unit is compliant with all Building Code requirements (electrical, plumbing, ventilation, structural, etc.) when applicable.
- 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 at 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, my business is exempt from collection of sales tax.

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

Applicant Signature: _____

SECTION 6

CONSTRUCTION/STRUCTURAL INFORMATION:

- New Construction or changes to existing facility: list current floor, wall and ceiling finishes (this may be included on your floor plans or the provided pages. Ex. Floor is ceramic tile):

- Equipment change or addition only:
 - Minor construction
 - Major new construction

All construction and finish coat changes must be addressed on your plans or drawing. This would apply to your general structure and floors, walls, and ceiling materials (please remember that aesthetic changes, such as painting, carpet changes, and decoration changes need not be addressed).

SECTION 7

FACILITY SERVICE INFORMATION:

Days and Hours of Operation

- | | | | |
|------------------------------------|----------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Monday | Hours of Operation: _____ | <input type="checkbox"/> Friday | Hours of Operation: _____ |
| <input type="checkbox"/> Tuesday | _____ | <input type="checkbox"/> Saturday | _____ |
| <input type="checkbox"/> Wednesday | _____ | <input type="checkbox"/> Sunday | _____ |
| <input type="checkbox"/> Thursday | _____ | | |

- Mobile Facility: Events or locations at which you routinely attend or set up/sell:

Type of Service (check all that apply)

- Retail Grocery Store
- Dine-in Food Service
- Catering
- Church/Fire Hall/Non-profit
- School
- Bar/Club
- Frozen Desert
- Other (describe): _____
- Farmer Market Stand (immediate consumption of foods)
- Take-out Food Service
- Mobile Facility
- Convenience Store
- Organized Camp
- Salvage Food
- On-the-farm Retail Store

Type of Menu (check all that apply)

- Full Service Menu (numerous items) **attach menu**
- Limited Menu (a few items) **attach menu**
- Specific Food Items List items _____
- Full Service Grocery with Departments:
 - Deli
 - Bakery
 - Meat
 - Dairy
 - Café
 - Produce
 - Seafood

Do you plan on serving any food under-cooked or raw? Yes No

Do you have or have you applied for a liquor license? Yes No

Projected Seating Capacity

Number of seats inside (mark zero if no seating): _____

Number of seats outside (mark zero if no seating): _____

Number of Patrons served daily (projected): _____

Employee Information

Anticipated number of employees/volunteers, including owner: _____

Do you have a Certified Food Handler on staff? Yes No Exempt (non-profit or other facilities)

If YES, **Please attach a copy of their National Certificate (ANSI Approved Managers Exam)**

If NO, Do you have a Person-In-Charge enrolled in Food Safety Training? YES NO

If YES, Name, Date and Location of Course _____

Do you have an employee health policy? Yes No

An employee health policy establishes how to handle ill employees. See Sections 46.111 through 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 of the establishments.

SECTION 8

FACILITY OPENING

Anticipated date of opening and/or ownership settlement of the facility and/or remodeling completed:

[Empty rectangular box for date and ownership information]

SECTION 9

ALL APPLICANTS COMPLETE

This application and license fee, along with the floor plan and all other requested materials, as listed above, should be submitted to the City of Warren, as listed on the cover letter. Please allow 3-4 weeks for processing your plan review/application from the date of post marking. Next, an on-site inspection will occur. This must happen prior to licensing and opening.

The applicant understands and agrees that this document is an application for licensure of a 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 a/an (circle one): **Person / Partnership / Association / Corporation / 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 the 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

Date

Print Name

Partnership

Signature – General Partner

Signature – General Partner

Date

Date

Print Name

Print Name

Corporation or Association/Non-Profit Entity

Name of Corporation or Non-Profit Entity

Signature – Secretary/Treasurer

Signature – Secretary/Treasurer

Date

Date

Print Name

Print Name

Limited Liability Company (LLC)

Name of LLC

Signature – Member

Signature – Member

Date

Date

Print Name

Print Name

Official Use Only

License Type: Retail Food License License Exempt

Permanent Mobile

Plan Review Approved Denied

Date Approved

Date Denied

Reasons for Denial:

Reviewing Health Officer

Signature

Date

Print Name