



DEPARTMENT OF PUBLIC SAFETY  
HEALTH DEPARTMENT  
1 FOURTH STREET  
CHESTER, PA 19012  
PHONE: 610-447-7770  
FAX: 610-447-7805

## REQUEST FOR INSPECTION AND FOOD LICENSE APPLICATION

DATE \_\_\_\_\_

OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

ESTABLISHMENT NAME \_\_\_\_\_

ESTABLISHMENT ADDRESS \_\_\_\_\_

ESTABLISHMENT PHONE \_\_\_\_\_

LICENSE \_\_\_\_\_ ACCOUNT \_\_\_\_\_ CODE \_\_\_\_\_

APPLICATION FEE \$20.00

DATE FEE PAID \_\_\_\_\_

*FEE IS NOT REFUNDABLE*

ACCOUNT \_\_\_\_\_ CODE \_\_\_\_\_

REINSPECTION FEE \_\_\_\_\_ DATE OF REINSPECTION \_\_\_\_\_

REASON FOR

REINSPECTION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVED BY \_\_\_\_\_

DATE FEE PAID \_\_\_\_\_

PERSON IN CHARGE \_\_\_\_\_

SANITARIAN \_\_\_\_\_

**INFORMATION ABOUT THE LOCATION TO BE PERMITTED**

**PLEASE CHECK ALL THAT APPLY**

- License Renewal
- News Operation
- Change of Name\*
- Change of Ownership
- Change of Classification

\*If name change, what was the previous name?

\_\_\_\_\_

WHAT CLASSIFICATION ARE YOU APPLYING FOR? (See page 3) \_\_\_\_\_

If mobile vehicle, provide license number \_\_\_\_\_

If restaurant or tavern, what is seating capacity? \_\_\_\_\_

If a restaurant, is establishment 100% non-smoking? Yes \_\_\_\_\_ No \_\_\_\_\_

If a grocery store, # of checkout stands? \_\_\_\_\_

If seasonal, list moth of operation. From \_\_\_\_\_ To \_\_\_\_\_

**Business Name** \_\_\_\_\_

**Location Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Ext.** \_\_\_\_\_

**INFORMATION ABOUT THE OWNER**

**Name of Owner** \_\_\_\_\_

**Business Type**  Corporation  Sole Proprietor  Partnership  Trust  Charitable  Other

**Phone Number** \_\_\_\_\_ **Ext.** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Phone** \_\_\_\_\_

Please provide all of the information requested above and submit to the address on the top of this form. You will be contacted to schedule an inspection which is required prior to issuance of an Annual Food License.

**Name of Applicant** \_\_\_\_\_ **Signature** \_\_\_\_\_  
(Please Print)

**Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Post Office Box Numbers Not Accepted)

**INFORMATION ABOUT THE ESTABLISHMENT**

Number of employees, including yourself, do you expect to have? \_\_\_\_\_

If the business is intended to be a restaurant, please check below:

- |   |          |         |
|---|----------|---------|
| Will you serve the customers on the premises? | Yes_____ | No_____ |
| Will you be providing seating?                | Yes_____ | No_____ |
| If yes how many _____                         |          |         |
| Will your business be for take-out only       | Yes_____ | No_____ |

What do you estimate your number of customers will be per day? \_\_\_\_\_

**EMERGENCY PHONE NUMBER** \_\_\_\_\_  
(TO BE USED 24/7 IN CASE OF EMERGENCIES LIKE FIRE ETC.)

***MOBILE LICENSE***

If you are applying for a mobile license, please fill out the following section

- Vehicle Make \_\_\_\_\_
- Color \_\_\_\_\_
- Model \_\_\_\_\_
- Year \_\_\_\_\_
- License No. \_\_\_\_\_
- State \_\_\_\_\_
- Registration No. \_\_\_\_\_
- Exp. Date \_\_\_\_\_
- Owner of Vehicle \_\_\_\_\_
- Owner's Name \_\_\_\_\_
- Phone No. \_\_\_\_\_

## Schedule of Licensing Accounts

Please Check Applicable Categories

√	<b>Health Code</b>	<b>Description</b>	<b>Fee</b>
	101	Eating Establishment	\$70.00
	102	Eating Establishment (Over 2,501 Sq Ft.)	\$125.00
	103	Grocer, Variety, Wholesale Foods	\$70.00
	104	Grocery, Variety, Wholesale Foods (5,000-9,999 Sq Ft.)	\$200.00
	105	Retail (over 1,000 Square Feet)	\$300.00
	106	Tavern (Also requires an Eating & Drinking Establishment license if food will be served)	\$75.00
	108	Mobile-Prepared Food-City	\$80.00
	109	Mobile-Meat & Poultry-City	\$80.00
	110	Mobile-Fish-City	\$80.00
	111	Mobile-Fruits & Vegetables-City	\$40.00
	112	Wholesale-Prepared Food-Non City Resident	\$80.00
	113	Mobile-Prepared Food-Non City Resident	\$250.00
	114	Mobile-Meat & Poultry –Non City Resident	\$250.00
	115	Mobile-Fish-Non City Resident	\$250.00
	116	Mobile-Fruits & Vegetables-Non City Residents	\$250.00
	117	Wholesale Meats-Non City Resident	\$80.00
	120	Vending Machine (Up to 20 machines)	\$50.00
	121	Vending Machines (21-40 machines)	\$100.00
	122	Vending Machines (41 or more machines)	\$200.00
	131	Fee Waived	\$0.00
	132	Hazardous Waste License (Issued by City Council ONLY)	\$500.00
	138	Halfway House	\$100.00
	139	Dependent Care Facility	\$100.00

I \_\_\_\_\_ have received a copy of each of the following:  
(PLEASE PRINT)

Please check only those applicable

- \_\_\_\_\_ Article 1103 Licensing
- \_\_\_\_\_ Article 1111-1121 Food and Food Establishments
- \_\_\_\_\_ Article 1123-1125 Mobile Food Establishments & Temporary Eating & Drinking Establishments
- \_\_\_\_\_ Article 1127 Vending Machines
- \_\_\_\_\_ General Rules for Local Exhaust Systems & Their Installation
- \_\_\_\_\_ Hazardous Waste Ordinance (Article 1147)
- \_\_\_\_\_ Article 1141 Residential Care Facilities

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Account No. \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Phone No. of Owner: \_\_\_\_\_

Measurement of Establishment: \_\_\_\_\_

Measurement of Establishment: \_\_\_\_\_

Total Square Feet: \_\_\_\_\_

**Preliminary Approvals By:**

Zoning Official \_\_\_\_\_ Date: \_\_\_\_\_

Plumbing & Mechanical \_\_\_\_\_ Date: \_\_\_\_\_

Fire Chief \_\_\_\_\_ Date: \_\_\_\_\_

Chief Housing Inspector \_\_\_\_\_ Date: \_\_\_\_\_

City Council \_\_\_\_\_ Date: \_\_\_\_\_

Health Officer \_\_\_\_\_ Date: \_\_\_\_\_

If approval is withheld by any of the above, they will explain reason there of on addition sheet(s) if necessary.

Application filled out by: \_\_\_\_\_ Date: \_\_\_\_\_

Copy sent to Director of City Planning: \_\_\_\_\_ Date: \_\_\_\_\_

Copy sent to Mechanical Operator: \_\_\_\_\_ Date: \_\_\_\_\_

Copy sent to Building Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Copy sent to Fire Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Copy sent to Chief Housing Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Copy sent to City Council: \_\_\_\_\_ Date: \_\_\_\_\_