

Department of Public Safety
Bureau of Health
One West 4th Street
Chester, PA. 19013
610-447-7770



William "Al" Jacobs, Councilman
Ieasa A. Nichols, Commissioner

Request for Inspection & Health License Application

Owner: _____

Mailing Address: _____
(Post office numbers will not be accepted.)

Email: _____ **Phone:** _____

Fictitious Business Name *(for license):* _____

Address: _____ **Phone:** _____

Business Type: Corporation Sole Proprietor Partnership Trust Charitable

Other *(Please specify):* _____

Insurance Company Name: _____ **Policy #:** _____

Please note: Additional information may be required to confirm business type and proof of insurance (s).

Application Checklist:

Please be advised that all applicants must remit the following with application:

- Food Safety Certification for owner or employee
- Proof of Business Insurance
- Proof of Fictitious Name Registration *(If name is to appear of license)*
- Employer Identification Number
- Proof of registration for Chester Business Privilege Tax
- Current menu of cooked food *(if applicable)*
- Copy of deed of lease

Additionally, mobile establishments must also provide:

- Proof of vehicle insurance
- Valid Driver's License & Registration

Please note that there is a non-refundable \$20.00 processing fee due upon receipt of this application.

Establishment Information

PLEASE SPECIFY APPLICATION TYPE. CHECK ALL THAT APPLY.

New Operation Renewal Change of Ownership* Change of Name* Change of Classification

If change of name, list previous name: _____

If change of owner, list previous owner: _____

If this is a renewal please provide current license number(s): _____

If this is a renewal have any significant changes been made to the business? Yes _____ No _____

If yes, please specify: _____

Please specify for which classification(s) you are applying (see attached table): _____

Please provide anticipated number of daily customers? _____

If mobile vehicle, please provide driver's license number: _____

If mobile vehicle, please provide vehicle color, make, model and year: _____

Registration Number: _____ License Plate Number: _____

If restaurant or tavern, please provide seating capacity: _____

If restaurant, is your establishment 100% non-smoking? Yes _____ No _____

If restaurant will you be providing take-out? Yes _____ No _____

If restaurant will you be providing delivery services? Yes _____ No _____

If grocery store, list number of check-out counters: _____

If seasonal, please provide months of operation: _____ to _____

Please provide number of employees including yourself: _____

Does any owner/employee possess a current food safety certificate? Yes _____ No _____

If yes, please provide name and certificate number: _____

Does your establishment have vending machines? Yes _____ No _____

If yes, how many? _____ Do they offer food & beverage options? Yes _____ No _____

Does your establishment sell tobacco products? Yes _____ No _____

If yes, please provide PA State issued tobacco license number(s): _____

Does the owner of the business own or rent the property where the business is located? _____

Do you presently have a valid use and occupancy certificate? Yes _____ No _____

If yes, please provide issue date. _____

Signature of Owner: _____ **Date:** _____

For Office Use:

Fee Remitted: Yes _____ No _____ Waived _____ Date Paid: _____

Application Status: Approved _____ Denied _____ Pending _____

All Corresponding Documentation Submitted: Yes _____ No _____

Account # _____ License #: _____

Signature of Sanitarian: _____ Date: _____