

Borough of Emmaus**Board of Health**28 S 4th St.

Emmaus, PA 18049

Health Officer: (610) 421-6064

Healthinspector@emmauspa.gov**Borough of Emmaus****APPLICATION FOR LICENSE TO OPERATE A FOOD SERVICE ESTABLISHMENT****Incomplete applications will be returned and will delay issuance of license.**

INSTRUCTIONS: Complete and sign this application. A license will not be issued until the facility complies with all applicable regulations. Return this application along with the total fee to the Borough of Emmaus Board of Health, 28 S 4th St., Emmaus, PA 18049. Make check or money order payable to the Borough of Emmaus. **DO NOT SEND CASH.**

Section A – FOOD SERVICE ESTABLISHMENT	SECTION B – OWNER INFORMATION
Establishment Information	Ownership: Check one; fill in proper line(s)
<input type="checkbox"/> New Establishment <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Renewal <input type="checkbox"/> Renovation - Plan Review Only	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other
Facility Name: _____	Sole Prop. Name: _____
Facility Address: _____	Partners' Name(s): _____
_____	Non-Profit Name: _____
_____	Corporation Name: _____
Phone Number: _____	CEO Name/Title: _____
E-Mail: _____	Owner's Address: _____
Fax Number: _____	_____
Exterminator: _____	_____
Trash Hauler: _____ Recycler: _____	Phone Number: _____
	Fax Number: _____
Section C – CONTACT/EMERGENCY INFORMATION	SECTION D – MAILING INFORMATION
Operator/Manager: _____	Where all future correspondence should be mailed? Please check one.
Emergency Phone Number: _____	<input type="checkbox"/> Establishment Address in Section A
	<input type="checkbox"/> Owner Address in Section B

Application is hereby made for a license to operate a food service establishment. By this application, it is agreed that the establishment will comply with all applicable ordinances and regulations. It is further agreed that said establishment shall be open to inspection by the Emmaus Board of Health. I also understand that the license issued is **NOT TRANSFERABLE**. I hereby certify that I have applied for a sales and use tax license or exemption from the PA Department of Revenue as of the date of this application understanding that any false representation is subject to penalty under 18 PA. C.S. §4903 and §4904.

SIGNATURE

TITLE

DATE

License/Operational Fees

License/Operational Fees		FOR HEALTH BUREAU USE ONLY	
License Fee \$100		Amount Rec'd _____	New License Expiration Date: _____
Plan Review Fee \$100		Date Rec'd _____	Approved By: _____
		License# Issued: _____	Date: _____
Total Fee			