



Borough of Emmaus  
Board of Health  
28 S 4<sup>th</sup> St.  
Emmaus, PA 18049  
Health Officer: (610) 421-6064  
[Healthinspector@emmauspa.gov](mailto: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 4<sup>th</sup> 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		
<b>Establishment Information</b>		<b>Ownership:</b> Check one; fill in proper line(s)		
<input type="checkbox"/> New Establishment	<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
<input type="checkbox"/> Renewal	<input type="checkbox"/> Renovation - Plan Review Only	<input type="checkbox"/> LLC	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Other
<b>Facility Name:</b> _____		<b>Sole Prop. Name:</b> _____		
<b>Facility Address:</b> _____ _____ _____		<b>Partners' Name(s):</b> _____		
<b>Phone Number:</b> _____		<b>Non-Profit Name:</b> _____		
<b>E-Mail:</b> _____		<b>Corporation Name:</b> _____		
<b>Fax Number:</b> _____		<b>CEO Name/Title:</b> _____		
<b>Exterminator:</b> _____		<b>Owner's Address:</b> _____ _____ _____		
<b>Trash Hauler:</b> _____ <b>Recycler:</b> _____		<b>Phone Number:</b> _____		
<b>Section C – CONTACT/EMERGENCY INFORMATION</b>		<b>SECTION D – MAILING INFORMATION</b>		
<b>Operator/Manager:</b> _____		Where all future correspondence should be mailed? Please check one.		
<b>Emergency Phone Number:</b> _____		<input type="checkbox"/> Establishment Address in <b>Section A</b> <input type="checkbox"/> Owner Address in <b>Section B</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 Fee \$100		FOR HEALTH BUREAU USE ONLY	
Plan Review Fee \$100		Amount Rec'd	New License Expiration Date:
		Date Rec'd	Approved By:
		License# Issued:	Date:
<b>Total Fee</b>			