

Rev 6-27-07

(814) 362-3884 ext. 128  
City of Bradford Health/Restaurant  
25 Chestnut Street 24 Kennedy LB  
Bradford, PA 16701

**Pennsylvania Department of Agriculture  
Bureau of Food Safety and Laboratory Services**

**APPLICATION FOR RETAIL FOOD FACILITY  
PLAN REVIEW**

Chapter 46, Food Code, the Rules and Regulations of the PA Department of Agriculture issued under the Act of May 23, 1945, P.L. 926 (Act 369) and Act 70 of July 7, 1994, requires that properly prepared plans and specifications for construction, remodeling or alteration of a retail food facility must be submitted to and approved by the Department before food can be prepared, served and sold.

**PLEASE COMPLETE ALL INFORMATION AND SUBMIT TO THE DEPARTMENT**

**SECTION 1 (COMPLETE AND MOVE TO SECTION 2)**

**PURPOSE OF THE PLAN REVIEW**

APPLICATION FOR: (circle one) Permanent License OR Temporary License (valid 14 days or specific event)

THIS FACILITY IS A: (circle one) Permanent Structure OR Mobile Unit / Structure

PLEASE SELECT ANY THAT APPLY:

☐ New Food Facility ☐ Change of Ownership for an Existing Facility  
☐ Remodel of an Existing Facility ☐ Change of Food or Operation Type for an Existing Food Facility  
☐ Other, Describe \_\_\_\_\_

**SECTION 2 (COMPLETE AND MOVE TO SECTION 3)**

**FACILITY INFORMATION**

NAME OF FACILITY \_\_\_\_\_

ADDRESS OF FACILITY:

|                        |                                       |       |          |
|------------------------|---------------------------------------|-------|----------|
| Street Number and Name | City                                  | State | Zip Code |
| County                 | Township/Borough                      |       |          |
| ( )                    | ( )                                   |       |          |
| Phone Number           | Fax Number                            |       |          |
| Email Address          | ( )                                   |       |          |
|                        | Cell Number or Alternate Phone Number |       |          |

MAILING ADDRESS (If Other Than Above):

|                        |      |       |          |
|------------------------|------|-------|----------|
| Street Number and Name | City | State | Zip Code |
|------------------------|------|-------|----------|

BUSINESS OWNER, COMPANY OR CORPORATE NAME \_\_\_\_\_

|                        |      |       |          |
|------------------------|------|-------|----------|
| Street Number and Name | City | State | Zip Code |
|------------------------|------|-------|----------|

RESPONSIBLE OFFICIAL AT THE FACILITY \_\_\_\_\_

Rev 6-27-07

**SECTION 3: (If a CHANGE OF OWNERSHIP FOR EXISTING FACILITY ONLY IN SECTION 1, SKIP THIS SECTION AND MOVE TO SECTION 5. If a REMODEL ONLY IN SECTION 1, SIGN, ATTACH PLANS AND MOVE TO SECTION 5. ALL OTHERS SIGN, ATTACH PLANS, AND MOVE TO SECTION 4.)**

### **FACILITY FLOOR PLAN & EQUIPMENT LIST**

All facilities, except for CHANGE OF OWNERSHIP FOR AN EXISTING FACILITY ONLY, must submit a copy of a facility floor plan. This plan must include the basic lay out 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, restroom locations and fixtures, lighting schedules, surface or finish coat materials of floors, walls and ceilings, and site plan showing exterior building structures (including storage areas, trash receptacles, outside refrigeration units, etc...). Commonwealth regulations prohibit the use of lead pipe, lead-based solder and fitting in potable water drinking systems after January 6, 1991. The Department has provided 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.*

**I have attached the appropriate floor plan AND equipment list to this application.**

**Applicant Signature** \_\_\_\_\_

### **SECTION 4 (COMPLETE THIS SECTION THEN MOVE TO SECTION 5)**

#### **WATER, SEWER, WASTE INFORMATION**

**WATER: The facility is on, or will use: (Check which one applies)**

\_\_\_\_\_ A public / municipal water supply. Supplier: \_\_\_\_\_

\_\_\_\_\_ A non-public / non-municipal / private water supply (example: well water). These water supplies must be approved by DEP, Department of Environmental Protection (717-783-2300). Written documentation must be provided. **A current water test must be provided.**

\_\_\_\_\_ Various water supplies because it is a mobile unit.

**A Current Water Test is Attached and / or I Understand that it is My Responsibility to use ONLY Approved & Tested Water Supplies if Mobile.**

**Applicant Signature** \_\_\_\_\_

**SEWER: The facility is on: (Check which one 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.**

**Applicant Signature** \_\_\_\_\_

\_\_\_\_\_ appropriate sewage/waste holding tanks that will be disposed of at approved sewage disposal sites only.

Rev 6-27-07

**REFUSE: (Check all that apply & complete fully)**

\_\_\_\_\_ The food facility refuse collector is \_\_\_\_\_ (company name)

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

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

**SECTION 5 (COMPLETE AND MOVE TO SECTION 6. IF A REMODEL ONLY IN SECTION 1, SALES TAX INFORMATION IS NOT REQUIRED)**

### **ZONING AND OTHER CODES**

**(Signature is required to affirm compliance with the appropriate requirements.)**

\_\_\_\_\_ Facility is Compliant with Local Zoning requirements. **Home-based retail facilities** (only those allowed by the Department) need to attach written documentation from their municipality stating that a food type business can be conducted from the home.

\_\_\_\_\_ Facility is Compliant with All Building Code requirements (electrical, plumbing, ventilation, structural, etc).

\_\_\_\_\_ 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 - (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 any required supporting documentation is attached.**

**Applicant Signature** \_\_\_\_\_

**SECTION 6 (COMPLETE AND MOVE TO SECTION 7)**

### **CONSTRUCTION**

\_\_\_\_\_ Equipment Change      \_\_\_\_\_ Minor Construction      \_\_\_\_\_ Major or New Construction

Briefly describe construction or change and anticipated time frame for start and completion.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 7 (COMPLETE AND MOVE TO SECTION 8)**

### **FACILITY SERVICE INFORMATION**

**DAYS OF OPERATION & TIME (Check days which apply & complete time facility is open)**

|                 |            |                |            |
|-----------------|------------|----------------|------------|
| _____ Monday    | Time _____ | _____ Friday   | Time _____ |
| _____ Tuesday   | Time _____ | _____ Saturday | Time _____ |
| _____ Wednesday | Time _____ | _____ Sunday   | Time _____ |
| _____ Thursday  | Time _____ |                |            |

Rev 6-27-07

**TYPE OF SERVICE (Check all that Apply)**

☐ Retail Grocery      ☐ Retail Grocery / Salvage      ☐ Farm Market Stand  
☐ Dine In Food Service      ☐ Take Out Food Service      ☐ Catering  
☐ Mobile Facility      ☐ Church      ☐ Bar / Club  
☐ School      ☐ Organized Camp  
☐ Temporary Facility (14 days or less)      ☐ Temporary Facility at event and festivals  
☐ Other Describe: \_\_\_\_\_

**TYPE OF MENU (Check which one Applies)**

☐ Full Service Menu \*\* attach menu      ☐ Limited Menu      \*\* attach menu  
☐ Specific Food Items      List items \_\_\_\_\_  
☐ Full Service Grocery with Departments: ☐ Bakery ☐ Deli ☐ Café ☐ Produce ☐ Meat  
☐ Seafood ☐ Dairy ☐ Other, list \_\_\_\_\_

Do you plan on serving any food undercooked or raw? List: \_\_\_\_\_

Do you have or have you applied for a liquor license? YES or NO

**PROJECTED SEATING CAPACITY**

\_\_\_\_\_ # of seats (mark "0" if there are no seats in the facility)      \_\_\_\_\_ # of patron served (projected)

**EMPLOYEE INFORMATION**

\_\_\_\_\_ # of anticipated employees      Do you have a PA Certified Food Handler on Staff? YES or NO

If YES, list name and PDA certificate number \_\_\_\_\_  
If NO, you will have 90 days from the date your license/registration is issued to make arrangement to send a supervisory level employee to training. Visit our web site at [www.agriculture.state.pa.us](http://www.agriculture.state.pa.us) to obtain a list of approved courses in your county.

Do you have an employee health policy? YES or NO

(An employee health policy establishes how to handle ill employees, See Sections 46.111 thru 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 establishment.

**SECTION 8 (TEMPORARY FOOD FACILITIES ONLY. IF NOT A TEMPORARY FOOD FACILITY, MOVE TO SECTION 9)**

A Temporary Food Facility is a food facility operating ONLY at fairs, festivals, carnivals or other sponsored events.

Number of Temporary Events Anticipated Attending each Year in PA? \_\_\_\_\_

Note: If attending 3 or fewer events, a temporary license can be issued for each event. If attending more than three events, a permanent license must be obtained.

Name of Sponsoring Event(s), Celebrations(s), or Festival(s) Planned

\_\_\_\_\_  
\_\_\_\_\_



CITY OF BRADFORD  
DEPARTMENT OF HEALTH  
24 KENNEDY STREET.  
BRADFORD, PA 16701

(814) 362-3884 EXT. 126

## FEE SCHEDULE

| NEW ESTABLISHMENTS:                             | INSPECTION<br>FEE | LICENSE<br>FEE | TOTAL    |
|-------------------------------------------------|-------------------|----------------|----------|
| Owner Operated less than 50<br>seating capacity | \$160.00          | \$10.00        | \$170.00 |
| Over 50 seating capacity                        | \$260.00          | \$10.00        | \$270.00 |

| RENEWALS, CHANGE OF<br>OWNERSHIP:               | INSPECTION<br>FEE | LICENSE<br>FEE | TOTAL    |
|-------------------------------------------------|-------------------|----------------|----------|
| Owner Operated less than 50<br>seating capacity | \$100.00          | \$10.00        | \$110.00 |
| Over 50 seating capacity                        | \$125.00          | \$10.00        | \$135.00 |

| ROOMING HOUSES<br>HOTELS & MOTELS: | INSPECTION<br>FEE | LICENSE<br>FEE | TOTAL    |
|------------------------------------|-------------------|----------------|----------|
| Up to 10 rooms                     | \$80.00           | \$10.00        | \$90.00  |
| 11 to 50 rooms                     | \$105.00          | \$10.00        | \$115.00 |
| 51 and above rooms                 | \$130.00          | \$10.00        | \$140.00 |

| NON-PROFIT<br>ORGANIZATIONS:             | INSPECTION<br>FEE | LICENSE<br>FEE | TOTAL   |
|------------------------------------------|-------------------|----------------|---------|
| Churches, Schools, Social<br>Clubs, etc. | \$75.00           | \$10.00        | \$85.00 |

Effective 01/01/06

Please Note: Temporary Licenses are issued for either 14 consecutive days or no more than 14 days in a calendar year. This is due to the changes made in the Pennsylvania Food Code, Chapter 46.

| TEMPORARY LICENSE | INSPECTION<br>FEE | LICENSE<br>FEE | TOTAL   |
|-------------------|-------------------|----------------|---------|
| Up to 14 days     | \$35.00           | \$10.00        | \$45.00 |

SECTION 9

FACILITY OPENING

Anticipated date of opening and/or ownership/  
settlement of the facility and/or remodeling completed: \_\_\_\_\_  
(Date)

SECTION 10 (Complete)

This application, along with the floor plan(s) and any other materials, as listed, should be submitted to City of Bradford, Attn: Mike Schreiber, 24 Kennedy Street-Bradford, PA 16701. He can be reached at (814)362-3884, Ext. 126.

By signing this application, you are confirming that all information is accurate and true. Failure to supply all the requested information may result in a delay in licensing your facility. You will be contacted when your plan has been approved/denied.

\_\_\_\_\_  
(Signature-Title if applicable)

\_\_\_\_\_  
(Date)

OFFICE USE ONLY

License Type: E&D\_\_\_\_ Retail Food Store\_\_\_\_ Wholesale\_\_\_\_ Temporary\_\_\_\_

Standards for Review: Permanent LIC\_\_\_\_ Temporary LIC\_\_\_\_ Mobile LIC\_\_\_\_

Approval: Plans approval date: \_\_\_\_\_ Plans denied date: \_\_\_\_\_

Reasons for denial: \_\_\_\_\_

\_\_\_\_\_  
(Restaurant Inspector)