



DEPARTMENT OF LICENSING, INSPECTIONS AND PERMITS

CITY HALL • 340 NORTH WASHINGTON AVENUE • SCRANTON, PENNSYLVANIA 18503 • PHONE: 570-348-4193 • FAX: 570-348-4171

Eating & Drinking License Checklist

1. EATING AND DRINKING APPLICATION TO BE COMPLETED IN FULL AND SIGNED
2. LICENSE FEE TO BE PAID IN FULL BEFORE HEALTH LICENSE WILL BE ISSUED
3. COPY OF PA FOOD SAFETY CERTIFICATE FROM AN (ANSI-CFP) ACCREDITATION PROGRAM OR A PA DEPARTMENT OF AGRICULTURE FOOD CERTIFICATE

APPLICANT OR SUPERVISORY EMPLOYEE WILL HAVE (90) DAYS FROM THE TIME THE FOOD FACILITY OPENS TO ACQUIRE A FOOD SAFETY CERTIFICATION.

4. COPY OF A PEST CONTROL CONTRACT
5. COPY OF A REFUSE HAULER CONTRACT
6. COPY OF BUSINESS REGISTRATION FORM FROM THE SINGLE TAX OFFICE (570-963-6756)
7. VALID PHOTO ID (GOVERNMENT ISSUED)
8. COPY OF MENU

PLEASE NOTE, NEW FOOD FACILITIES WILL NOT OBTAIN A FOOD & DRINK LICENSE UNTIL A CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED TO THE APPROPRIATE BUILDING OR SPACE.



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OWNER TYPE:

Sole Proprietor

Name () Contact Number

Address

Partnership

Name () Contact Number

Address

Corporation, LLC or LLP Name _____

Authorized Agent/Officer Name and Title

Name () Contact Number

Address

Responsible Supervisory Food Employee at the Establishment (if not you) _____

(MUST OBTAIN FOOD SAFETY CERTIFICATION WITHIN 90 DAYS OF OPENING FOOD FACILITY) – AS PER PA ACT 106, KNOWN AS THE PUBLIC EATING & DRINKING PLACE LAW.

SECTION 3

REFUSE: (Complete fully, if not Applicable put N/A on Line)

The Food Facility Refuse Collector is _____

(Proof of refuse pickup responsibility is required between tenant and/or property owner.)

List Other Refuse/ Waste Collection Companies (Ex. Grease Collection) _____

Pest Control Company _____

SECTION 4

CONSTRUCTION

____ No Construction or Changes to Existing Facility

____ Equipment Changes

____ Minor Construction

____ Major or New Construction

Briefly Describe Construction/ Changes, Layout and Anticipated Time Frame for Start and Completion.

FACILITY OPENING

Anticipated date of opening and/or ownership settlement of the facility? _____

SECTION 5

FACILITY SERVICE INFORMATION

DAYS OF OPERATION AND HOURS

___ Monday	Time _____	___ Friday	Time _____
___ Tuesday	Time _____	___ Saturday	Time _____
___ Wednesday	Time _____	___ Sunday	Time _____
___ Thursday	Time _____		

Type of Service (Check all that Apply)

___ Retail Grocery	___ Take Out Food Services
___ Dine In Food Service	___ Bar/ Club
___ Mobile Facility	___ School
___ Other (Describe) _____	

TYPE OF MENU (Please Attach Menu)

___ Full Service Menu	___ Limited Menu					
___ Specific Food Items (List) _____						
___ Full Service Grocery with Departments						
___ Bakery	___ Deli	___ Cafe	___ Produce	___ Meat	___ Seafood	___ Dairy
___ Other (List) _____						

Anticipated volume of food to be stored, prepared and sold or served? _____

A Hazard Analysis Critical Control Point (HACCP) plan, *if required* under section 46.1122 of the PA Food Code.

Do you plan on serving any food undercooked or raw? (List) _____

Do you have or have you applied for a Liquor License? _____

PROJECTED SEATING CAPACITY

_____ Number of Seats (Mark 0 if there are no seats in facility)

SECTION 6

EMPLOYEE INFORMATION

Number of Anticipated Employees _____

Do you have a **PA Certified Food Handler** on Staff? YES NO N/A

If YES, List name and PDA Certificate Number _____

Do you have an employee Health Policy? _____

(An employee Health Policy establishes various guidelines for food safety including how to handle ill employees. See sections 46.11-46.115 of the PA Food Code (Chapter 46) for clarification).

If NO, prior to opening, an employee Health Policy must be established, whether in writing or verbal, and presented to every employee of the establishment.

FEES

License and Registration fees will be collected at the time of the licensing/registration inspection and are as follows:
(Checks should be made Payable to THE CITY OF SCRANTON)

RETAIL FOOD FACILITY/MOBILE FOOD/FOOD VENDOR (Please check where applicable)

TYPE		FEE
All establishments with LCB license	[]	\$200.00
Establishment with seating 1-25	[]	\$150.00
Establishment with Seating 26 or more	[]	\$200.00
Mobile Food Truck	[]	\$250.00
Mobile Food Cart	[]	\$50.00

I swear or affirm that my statements and answers above are true and complete to the best of my knowledge and belief. I also realize that I will be subject to criminal penalties provided by 18 PA.C.C 4903 and 4904 if I have provided false answers and statements.

Signature of Food Facility Applicant/Agent

Date

OFFICIAL USE ONLY

APPROVED: YES

NO

DATE

SIGNATURE OF HEALTH INSPECTOR
CITY OF SCRANTON

COMMENTS:



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