



RETAIL FOOD FACILITY LICENSE

- 1. COMPLETED APPLICATION**
- 2. COPY OF FOOD SAFETY CERTIFICATE (FROM AN ANSI-CFP ACCREDITATION PROGRAM)***
- 3. COPY OF ONE-YEAR PEST CONTROL CONTRACT**
- 4. COPY OF ONE-YEAR GARBAGE HAULER CONTRACT**

***YOU WILL HAVE 90 DAYS FROM THE TIME THE ESTABLISHMENT OPENS TO APPLY FOR THE CERTIFICATE.**

FAILURE TO PRODUCE ANY OF THESE DOCUMENTS WILL DELAY THE PROCESSING OF YOUR LICENSE.

City of Scranton

APPLICATION FOR RETAIL FOOD FACILITY

Please fill out and return to City of Scranton, 340 N. Washington, Scranton, Pa 18503
Department of License and Inspections

SECTION 1 (COMPLETE AND MOVE TO SECTION 2)

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

PLEASE SELECT ANY THAT APPLY:

- New Food Facility
- Remodel of an Existing Facility
- Other, Describe _____
- Change of Ownership for an Existing Facility
- Change of Food or Operation Type for an Existing Food Facility

SECTION 2 (COMPLETE AND MOVE TO SECTION 3)

FACILITY INFORMATION

NAME OF FACILITY _____

ADDRESS OF FACILITY:

Street Number and Name	City	State	Zip Code
() _____	() _____		
Phone Number	Fax Number		
Email Address	() _____		
	Cell Number or Alternate Phone Number		

MAILING ADDRESS (If Other Than Above):

Address	City	State	Zip Code
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OWNER TYPE: SOLE PROPRIETOR, NAME _____

CORPORATION, LLC or LLP NAME _____

OFFICER NAME AND TITLE _____

PARTNERSHIP, NAMES _____

RESPONSIBLE OFFICIAL AT THE ESTABLISHMENT (if not yourself) _____

(MUST HAVE FOOD SAFETY CERTIFICATION) –according to ACT 106

SECTION 3 (COMPLETE AND MOVE TO SECTION 4)

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) _____

_____ List pest control _____ (company name)

SECTION 4 (Complete and move to section 5.)

CONSTRUCTION

_____ No Construction or changes to existing facility

_____ Equipment Change

_____ Minor Construction

_____ Major or New Construction

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

SECTION 5 (COMPLETE AND MOVE TO SECTION 6)

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 _____		

TYPE OF SERVICE (Check all that Apply)

_____ Retail Grocery

_____ Dine In Food Service _____ Take Out Food Service

_____ Mobile Facility _____ Bar / Club

_____ School

_____ 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)

SECTION 6

Rev 09/10/09

EMPLOYEE INFORMATION

_____ # of anticipated employees

Do you have a PA Certified Food Handler on Staff ? YES or NO

(MUST BE THE PERSON IN CHARGE)-according to Act 106

If YES, list name and PDA certificate number _____

(Cannot hold certificate in more than one establishment)

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, in either writing or verbal, and presented to every employee of the establishment.

FACILITY OPENING

Anticipated date of opening and/or ownership settlement of the facility and/or remodeling completed. _____

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

- **RETAIL FOOD FACILITY**
 - All Establishments with LCB License- \$200.00
 - Establishments with seating 0-25 - \$150.00
 - Establishments with seating 26 or more -\$ 200.00
 - Mobile Carts- \$ 150.00

OFFICIAL USE ONLY

LICENSE TYPE: RETAIL FOOD REGISTRATION _____ REGISTERED EXEMPT _____

APPROVAL

APPROVED, DATE _____ DENIED, DATE _____ LICENSE NUMBER _____

Reasons for denial: _____

HEALTH INSPECTOR _____ **DATE** _____