



## **RETAIL FOOD FACILITY LICENSE**

- 1. COMPLETED APPLICATION**
- 2. COPY OF FOOD SAFETY CERTIFICATE (FROM AN ASSI-CEP ACCREDITATION PROGRAM) \***
- 3. COPY OF YEARLY PEST CONTROL CONTRACT**
- 4. COPY OF YEARLY GARBAGE HAULER CONTRACT**
- 5. COPY OF BUSINESS REGISTRATION FROM THE SINGLE TAX OFFICE AT 130 LACKAWANNA AVENUE (570-963-6756)**
- 6. PHOTO I.D. (GOVERNMENT ISSUED)**
- 7. COPY OF MENU**

**\*YOU WILL HAVE MINETY (90) DAYS FROM THE TIME THE ESTABLISHMENT OPENS TO GET ACCREDITED, AND PERSENT A COPY OF YOUR CERTIFICATE TO THIS OFFICE.**

**PLEASE BRING ALL COMPLETED INFORMATION INTO THE DEPARTMENT OF LICENSING, INSPECTIONS AND PERMITS ON THE FOURTH FLOOR OF CITY HALL.**

LICENSING, INSPECTIONS AND PERMITS DEPARTMENT  
EATING AND DRINKING LICENSE  
340 NORTH WASHINGTON AVE  
SCRANTON, PA 18503

**APPLICATION FOR RETAIL FOOD FACILITY**

Please fill out and return to City of Scranton

**SECTION 1**

**THIS FACILITY IS (CIRCLE ONE)**

Permanent Structure

Mobilized Unit/ Structure

**PLEASE SELECT ANY THAT APPLY:**

\_\_\_\_\_ New Food Facility

\_\_\_\_\_ Change of Ownership for an Existing Facility

\_\_\_\_\_ Remodel of Existing Facility

\_\_\_\_\_ Change of Food/Operation Type for Existing Food Facility

\_\_\_\_\_ Other, Describe \_\_\_\_\_

**SECTION 2**

**FACILITY INFORMATION**

Name of Facility \_\_\_\_\_

Address of Facility:

\_\_\_\_\_ Scranton PA  
Street Number and Name City State Zip

( ) \_\_\_\_\_  
Phone Number

( ) \_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

( ) \_\_\_\_\_  
Cell Number or Alt Phone Number

**MAILING ADDRESS (If Other Than Listed Above)**

\_\_\_\_\_  
Address City State Zip Code

**OWNER TYPE: (\*\*\*\*Name and Number\*\*\*\*)**

[ ] Sole Proprietor, Name \_\_\_\_\_

Corporation LLC or LLP Name \_\_\_\_\_  
Officer Name and Title (\*\*\*)ADDRESS, NAME AND NUMBER(\*\*\*)

\_\_\_\_\_  Partnership, Names \_\_\_\_\_  
Responsible Official at the Establishment (if not you) \_\_\_\_\_  
**(MUST HAVE FOOD SAFTY CERTIFICATION) – ACCORDING TO ACT 106**

**CONTACT NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CELL PHONE OR ALTERNATE NUMBER** ( ) \_\_\_\_\_

**SECTION 3**

**REFUSE:** (Complete fully, if not Applicable put NA on Line)

The Food Facility Refuse Collector is \_\_\_\_\_  
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 and Anticipated Time Frame for Start and Completion  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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) \_\_\_\_\_

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

Do you have or have you applied for 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? \_\_\_\_\_

    If YES, List name and PDA Certificate Number \_\_\_\_\_

Do you have an employee Health Policy? \_\_\_\_\_

    ( An employee Health Policy establishes how to handle ill employees, see sections 46.11 thru 46.115 of The Food Code for clarification)

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

**FACILITY OPENING**

An 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:

**(Checks should be made Payable to THE CITY OF SCRANTON)**

**RETAIL FOOD FACILITY**  
**(Please Circle which applies)**

**TYPE:**

**FEE:**

All establishments with LCB license	\$200.00
Establishment with seating 0-25	\$150.00
Establishment with Seating 26 or more	\$200.00
Mobile Carts	\$250.00