

SPRINGFIELD TOWNSHIP
HEALTH DEPARTMENT
50 POWELL ROAD
SPRINGFIELD, PA 19064
610.544.1300

FOR OFFICIAL USE ONLY

Payment Received _____
Expires _____
License# _____

TOWNSHIP OF SPRINGFIELD
BOARD OF HEALTH
APPLICATION FOR LICENSE AND INSPECTION FEE
ANNUAL MOBILE FOOD SERVICE LICENSE

Application is hereby made for a license to operate. By this application it is agreed that the establishment will comply with the provisions of the Springfield Township Health Department Rules and Regulations applicable to this type of establishment. It is further agreed that said establishment shall be open to inspection by the Springfield Township Health Department. Any changes in application, owner/manager must contact Health Office. Application for license renewal shall be made at least one month before expiration of existing license. The license is not transferable. Failure to submit application prior to expiration, shall result in issuance of citation and fines. Establishment may not operate without current health license

PLEASE PRINT

Use: Mobile

Establishment

Proprietor's *

Name

Name _____

Address

Address _____

Fee

Telephone _____

Email _____

Driver's License # _____ Is the truck owned or leased _____

Insurance Co. _____ Policy Number _____

If truck is leased name and address of lessee _____

Serve Safe Certification _____

Testing Facility/Lab _____

Establishment Telephone _____ Days of Service _____

As required by PA Act 62 of 1992, all new establishments applying for license must submit proof that application has been made or receipt has been acquired of a Sales and Use Tax License or Exemption from the PA Department of Revenue: (check one and enclose copy):

____ Sales & Use Tax License; _____ Sales & Use Tax Exemption Certificate; _____
Completed Sales Tax Application; _____ Annual Mercantile Tax paid \$ _____

I, _____, hereby, certify that the facts set forth (Print name of Proprietor or Authorized Agent) on this application are true and correct to the best of my knowledge. I understand that the submission of false or misleading information is grounds for legal action.

(Signature of Proprietor or Authorized Agent)

Date _____

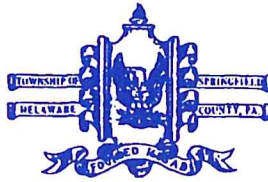
(Title of Proprietor or Authorized Agent)

*Proprietor is defined as the person, partnership, association or corporation conducting a public food service operation. If ownership is a partnership or corporation attach a list of all partners or corporate officers along with their home addresses and phone numbers.

Attention:** Food prepared out of Springfield, include a copy of the current license and latest inspection of the establishment where the food is prepared, as well as verification by the establishment owner that your food is being prepared there. Your application will not be considered without these documents.

INSPECTION DATE _____

LICENSE SENT _____



J. LEE FULTON
Township Manager
MARGARET A. YOUNG
Treasurer
JAMES J. BYRNE, JR., Esq.
Solicitor

Township of Springfield DELAWARE COUNTY, PA

50 POWELL ROAD, SPRINGFIELD, PA 19064
OFFICES 610-544-1300 POLICE 610-544-1100 HIGHWAY 610-543-2837 FAX 610-544-3012
EIN NO. 23-6004592

Commissioners
JEFFREY RUDOLPH, SR
President
DANIEL J. LANCIANO
Vice President
LEE J. JANICZEK, Ed.D.
EDWARD KELLY
ROBERT LAYDEN
GINA M. SAGE
PAUL J. WECHSLER


Dear Sir/Madam:

Enclosed is your application for a license to operate a Mobile Catering truck for the coming year. Please complete the **application** in its entirety and return it with a check or money order before your current license **expires**.

Please note, the **Pennsylvania New Food Regulations went into effect December 2003**. The code is available in its entirety at www.pacode.com. You are responsible to comply with local and state regulations. The **mandatory state PA Food Certification Act** was effective **July 1, 2004**. It requires that your food establishment have a **minimum** of one supervisory employee per establishment per shift **certified in food safety and sanitation**.

Please attach a copy of your serve safe certificate with your application for renewal. Please attach a copy of health certificate for all commercial kitchens affiliated with your mobile catering business and a copy of your last health inspection report. If you have questions regarding the certification requirements, please call my office at 610-544-1300. Your cooperation is appreciated.

Sincerely,


Susan Warner
Health Officer

SW:abc
Enc.

FEE INCLUDES:

- (a) One-dollar (\$10.00) **license fee** as required by Pennsylvania State Law – P.L. 926, May 23, 1945, 6(35 P.S. 655.6).
- (b) **Inspection Fee – based on floor area of establishment**, as required by Ordinance Number 1033, Code of the Township of Springfield.