

SPRINGFIELD TOWNSHIP APPLICATION FOR ANNUAL DAYCARE FOODSERVICE LICENSE

SPRINGFIELD TOWNSHIP
50 POWELL ROAD
SPRINGFIELD, PA 19064
610.544.1300

FOR OFFICIAL USE ONLY

Payment Received _____

Expires _____

License# _____

Application is hereby made for a license to operate in Springfield. Operator agrees that the establishment will comply with the provisions of the Springfield Township Health Department Rules and Regulations applicable to this type of establishment as stated in the PA Department of Agriculture, Chapter 46, FOOD CODE. It is further agreed that said establishment shall be open to inspection by the Springfield Township Health Department.

Application for license renewal shall be made at least one month before expiration of existing license. The license is not transferable.

PLEASE PRINT «Notice»

Establishment «BusName»
Daycare «StNo» «StName»
 «CSZ»

Telephone _____

Fee: \$101.00

Proprietor's *

Owner Name _____

Address _____

Telephone _____

Manager's Name _____ Est. # of children Per Day _____

Address _____

Establishment hours _____ **Total** # of employees: _____

Is food prepared on site? Yes _____ No _____

If yes please provide a copy of a menu with this application.

Do you have a certified Food Manager? _____ Name: _____

CFM Certificate# _____ Expiration Date: _____

Please attach a copy of current certification

Give name & address of your **PRIVATE GARBAGE/REFUSE COLLECTOR** _____

How often are collections made _____

Give name and address of your **RECYCLING COLLECTOR** _____

How often are collections made _____

Give name and address of your **EXTERMINATING SERVICE** _____

How often are establishments exterminated _____

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 App.

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. _____ Date _____

(Signature of Proprietor or Authorized Agent) _____ (Title of Proprietor or Authorized Agent) *Proprietor is defined as the person, partnership, association or corporation conducting a public food service facility. 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:**If any of your food is prepared off the premises 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.**