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

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 (eg. Vendor change, frequency of trash pick-up, etc.) Contractors must be registered and obtain necessary permits with Springfield Township in order to work in your establishment.**

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.

PLEASE PRINT

Retail

Establishment

Name

Address

Springfield, PA 19064

Fee:

Proprietor's *

Name _____

Address _____

_____

Telephone_____

Email _____

Manager's Name_____ Number of Seats _____ Sq. Foot _____

Address _____

Establishment Telephone_____ Estimated # of Patrons Per Day_____

Establishment hours_____

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

CFM Certificate # _____

Expiration Date _____ Total # of employees _____

(Please attach a copy of certificate)

ESTABLISHMENT REQUIREMENTS

Name & **Phone number** of **GREASE TRAP CLEANER** _____

How often are traps cleaned_____

Exhaust hood/filters cleaning frequency_____

Name and **Phone number** of Commercial Hood Cleaning Company_____

_____

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

_____

How often are collections made_____

Give name and **Phone number** of your **RECYCLING COLLECTOR**_____

_____

(COMMERCIAL ESTABLISHMENTS ARE REQUIRED TO RECYCLE ACCORDING TO RECYC & WASTE (ACT PA 101)and Chapter 54, Article 111, Recyclables, Section 54-13.4.

How often are collections made?_____

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

_____

How often are establishments exterminated_____

Give name and **Phone number** of your Plumbing Contractor_____

_____

Is Plumber registered to work in Springfield?_____

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.

_____**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.**

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

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Vice President

LEE J. JANICZEK, Ed.D.
EDWARD KELLY
ROBERT LAYDEN
GINA M. SAGE
PAUL J. WECHSLER

Re: Board of Health License Application

Dear Sir/Madam,

Enclosed is the annual license application for you to operate an Eating/Drinking/Retail Business in Springfield Township. Complete *both sides* of the document and return promptly, to my attention, with a check or money order.

As you know, the PA Department of Agriculture's Food Certification Act requires all food establishments to have a *minimum of one* certified Food Safety supervisory employee per shift. **Include copies of all valid certifications with your fully executed form**.

Reminder: Springfield Township Code Section #54-13 and PA Act 101 *mandate* all commercial businesses to recycle (ie: paper/cardboard &/or commingled materials).

If you have questions, please don't hesitate to contact me at: swarner@springfielddelco.org or 610-544-1300.

Sincerely,

Susan Warner
Assistant Township Manager/Health Officer

SW:abc

FEE INCLUDES:

(a) Inspection Fee – based on establishment's floor area, as required by Springfield Township Ordinance #1033

(b) Ten-dollars ($10.00) - license fee as required by Pennsylvania State Law – P.L. 926, May 23, 1945, 6(35 P.S. 655.6)