

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 TEMPORARY FOOD FACILITIES PERMENENT 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 business. It is further agreed that said business 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.

PLEASE PRINT
TEMPORARY FOOD FACILITIES PERMANENT LICENSE

Establishment

Name _____
Address _____
Springfield, PA 19064
Fee \$ _____

Proprietor's *

Name _____
Address _____
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 _____

Establishment Telephone _____ Days of Service _____

As required by PA Act 62 of 1992, all new Businesses 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)

(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 _____