

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

Month _____

Use: Eating & Drinking

Establishment

Proprietor's *

Name _____

Name _____

Address _____

Address _____

Telephone _____

Email _____

Fee \$ _____

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 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)

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 _____

Attn.: Manager
Business Name

Dear Sir/Madam:

Enclosed is your application for a license to operate an Eating and Drinking Establishment or a Retail Outlet in Springfield for the coming year. Please complete the **double-sided application** in its entirety and return it with a check or money order before your current license **expires**. **Any changes** made during the year, (vendors, contractors or frequency of pick-ups), **you must contact my office with updated information**.

Please note, the **Pennsylvania New Food Regulations went into effect December 2003**. Enclosed is a list of highlights **included in the code**. The code is available in its entirety at www.pacode.com. You are responsible to comply with all new regulations. The **mandatory state PA Food Certification Act** is 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**. I have enclosed a current schedule of classes that are being offered locally. Classes are limited, so I recommend that you make arrangements to attend as soon as possible.

If you have already obtained your certification, **please send a copy of your certificate** with your application for renewal. 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 (\$1.00) **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.