



**pennsylvania**  
DEPARTMENT OF AGRICULTURE  
BUREAU OF FOOD SAFETY & LABORATORY SERVICES

# APPLICATION PACKET RETAIL FOOD FACILITIES

## RETAIL FOOD FACILITIES AND RESTAURANTS

*Any facility selling or serving food to the end consumer*

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**RETAIL FOOD FACILITY LICENSE APPLICATION AND PLAN REVIEW**  
**RETAIL FOOD FACILITIES AND RESTAURANTS**

Enclosed is the application for obtaining a Retail Food Facility License from the Pennsylvania Department of Agriculture. Please note according to Retail Food Facility Safety Act (3 Pa. C.S.A. §§5701 - 5714), "...it shall be unlawful for any proprietor to conduct or operate a retail food facility without first obtaining a license for each retail food facility...."

All material must be fully completed and returned with any necessary accompanying documentation to the regional office as listed by county. If your county is not listed, your facility is under a County Health Department Jurisdiction, and should be contacted directly for licensing. These counties include Allegheny, Bucks, Chester, Erie, Montgomery, and Philadelphia.

All material must be submitted at least **60 days prior** to the **preparation/sale of food from a retail food facility**. Failure to provide all required information could delay your plan review.

The Department of Agriculture, Food Inspector and/or Regional Supervisor, will review all plans and notify you of its approval/disapproval. Please allow **4 – 6 weeks** for processing. Once you receive your approval, notify your Food Inspector or regional office at least **10 days prior** to operation to arrange a licensing inspection.

**MAILING ADDRESSES:**                    **The Pennsylvania Department of Agriculture**  
   **Bureau of Food Safety and Laboratory Services**

**Followed by the address below:**

- Region 1**                    *Clarion, Crawford, Elk, Forest, Jefferson, McKean, Mercer, Venango and Warren*  
**13410 DUNHAM RD, MEADVILLE PA 16335**  
**Phone:** 814-332-6890 **Fax:** 814-333-1431
  
- Region 2**                    *Cameron, Clinton, Columbia, Lycoming, Northumberland, Montour, Potter, Snyder, Tioga and Union*  
**542 COUNTY FARM RD, SUITE #102, MONTOURSVILLE PA 17754**  
**Phone:** 570-433-2640 **Fax:** 570-433-4770
  
- Region 3**                    *Bradford, Carbon, Lackawanna, Luzerne, Monroe, Pike, Sullivan, Susquehanna, Wayne and Wyoming*  
**RT 92 SOUTH, PO BOX C, TUNKHANNOCK PA 18657**  
**Phone:** 570-836-2181 **Fax:** 570-836-6266
  
- Region 4N/4S**                *Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington and Westmoreland*  
**226 DONOHOE RD, SUITE 101, GREENSBURG PA 15601**  
**Phone:** 724-832-1073 **Fax:** 724-832-1013
  
- Region 5**                    *Bedford, Blair, Cambria, Centre, Clearfield, Fulton, Huntingdon, Juniata, Mifflin and Somerset*  
**403 E CHRISTIANA ST, MARTINSBURG COMMONS, MARTINSBURG PA 16662**  
**Phone:** 814-793-1849 **Fax:** 814-793-1869
  
- Region 6E/6W**                *Adams, Cumberland, Dauphin, Franklin, Lebanon, Lancaster, Perry, Schuylkill, and York*  
**2301 N. CAMERON ST, ROOM G11, HARRISBURG PA 17110**  
**Phone:** 717-346-3223 **Fax:** 717-346-3229
  
- Region 7**                    *Berks, Delaware, Lehigh, Northampton*  
**1015 BRIDGE RD, COLLEGEVILLE PA 19426**  
**Phone:** 610-489-1003 **Fax:** 610-489-6119

*\*Counties not listed are under a Local Health Jurisdiction and Retail Licenses would need obtained from those agencies.*

**RETAIL FOOD FACILITY LICENSE APPLICATION AND PLAN REVIEW**  
**RETAIL FOOD FACILITIES AND RESTAURANTS**

This application is **NOT** for Mobile Food Facilities, Change of Ownership, Remodels or Retail Food Facilities in Local Health Departments.

7 Pa. Code, Chapter 46, Food Code, the Rules and Regulations of the PA Department of Agriculture, are issued under the Retail Food Facility Safety Act (3 Pa. C.S.A. §§5701 - 5714) and require that properly prepared plans and specifications for construction, remodeling or alteration of a retail food facility must be submitted to and approved by the Department before food can be prepared, served and sold. PDA follows the most current version of the FDA Model Food Code as its regulations. The Retail Food Facility Safety Act also requires that "New" Proprietors, or Owners, of a Retail Food Facility apply for licensing as all licenses are non-transferable between proprietors.

**SECTION 1: COMPLETE AND MOVE TO SECTION 2**

**PURPOSE OF THE PLAN REVIEW**

**LICENSE TYPE:** Retail Food Facility – Permanent

**PART A:** Facility is:

- Permanent structure/building
- Not a structure, building or mobile, but always operating at the same physical location (i.e. food stand, BBQ operation, stick stand, modular unit)

**PART B:** Reason for review:

- New License**
    - New construction of a new food facility
    - New food business opening in an existing physical structure not previously a food business
    - New food business opening in a food facility that has been non-operational for more than 3 months
    - A food business that is operational or has been actively licensed and operational within the last 3 months but a new owner is taking over and is undertaking a significant menu change, food service style (ex: Asian food facility changing to an American style food menu).
- \*If the facility is currently **licensed** but will be undergoing construction, remodeling, alteration, change in food operation, or new ownership with no change to the type of operation, **STOP**. Submit Retail Food Facility Application Packet for change of ownership/remodel.*

**Other, Describe** \_\_\_\_\_

**SECTION 2: COMPLETE AND MOVE TO SECTION 3**

**FACILITY INFORMATION**

**NAME OF FACILITY** (Common Public Name):

\_\_\_\_\_

**ADDRESS OF FACILITY:**

Facility street number and name	City	State	Zip code
_____	_____	_____	_____
County	Township/Borough		
(_____) _____	(_____) _____		
Facility phone number	Facility fax number		
_____	_____		
Facility email address	Facility cell number or alternate phone number		

**RETAIL FOOD FACILITY LICENSE APPLICATION AND PLAN REVIEW**  
**RETAIL FOOD FACILITIES AND RESTAURANTS**

**MAILING ADDRESS** (if different than above):

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Street number and name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**RESPONSIBLE OFFICIAL AT THE FOOD FACILITY** (if not the owner):

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Name \_\_\_\_\_ Title \_\_\_\_\_

**PROPRIETOR/OWNER TYPE:**  SOLE PROPRIETOR  CORPORATION  NON-PROFIT OR ASSOCIATION  
 PARTNERSHIP  LIMITED LIABILITY CO. (LLC) OR PARTNERSHIP (LLP)

**LEGAL BUSINESS NAME** (if different than facility name):

---

**LEGAL OWNER MAILING ADDRESS** (if different than above mailing address):

---

Owner street number and name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ \_\_\_\_\_  
 Owner phone number Owner fax number Owner e-mail address

**FILL IN DETAILED INFORMATION FOR YOUR PROPRIETORSHIP ON PAGE 9 OF THIS APPLICATION.**

**SECTION 3: COMPLETE AND MOVE TO SECTION 4**

**FACILITY SERVICE INFORMATION**

**DAYS & TIMES OF OPERATION:** Check anticipated days and time the facility will be operational:

<input type="checkbox"/> Monday	Time _____	<input type="checkbox"/> Friday	Time _____
<input type="checkbox"/> Tuesday	Time _____	<input type="checkbox"/> Saturday	Time _____
<input type="checkbox"/> Wednesday	Time _____	<input type="checkbox"/> Sunday	Time _____
<input type="checkbox"/> Thursday	Time _____		

**TYPE OF SERVICE:** Check ALL that apply:

<input type="checkbox"/> Dine-in Food Service	<input type="checkbox"/> Retail Grocery Store	<input type="checkbox"/> School	<input type="checkbox"/> On-the-Farm Retail Store
<input type="checkbox"/> Take-Out Food Service	<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Organized Camp	<input type="checkbox"/> Farmer Market Stand (immediate consumption)
<input type="checkbox"/> Bar/Club	<input type="checkbox"/> Salvage Food	<input type="checkbox"/> Non-profit	<input type="checkbox"/> Seasonal Operation
<input type="checkbox"/> Frozen Dessert	<input type="checkbox"/> Catering	<input type="checkbox"/> Church/Fire Hall	
<input type="checkbox"/> Other, describe: _____			

**TYPE OF MENU:** Check ALL that apply:

Full Service Menu (numerous items) \*\* **attach menu**      Limited Menu (a few items) \*\* **attach menu**  
 Specific Food Items, list: \_\_\_\_\_  
 Full Service Grocery with departments:  Bakery  Deli  Café  Produce  Meat  Seafood  Dairy  
 Other, list \_\_\_\_\_

**RETAIL FOOD FACILITY LICENSE APPLICATION AND PLAN REVIEW**  
**RETAIL FOOD FACILITIES AND RESTAURANTS**

\***Specialized Processes** (see page 21) such as: Sous Vide, Cook-Chill, Vacuum Packing, ROP, Curing/Smoking for preservation, Sprouting, Fermentation, Acidification, Canning

*\*Specialized process listed above, must have a HACCP plan submitted and approved with this application prior to processing those foods.*

Do you plan on serving any animal food undercooked, raw, or cooked to order?

YES      List: \_\_\_\_\_  
Is a consumer advisory on your menu?    YES     NO  
 NO

Do you have or have you applied for a liquor license?    YES     NO

**ANTICIPATED PROJECTED CAPACITY:**

Number of inside seats                      \_\_\_\_\_                      *\*Mark '0' if no seating provided*  
Number of outside seats                      \_\_\_\_\_  
Patron served daily (projected)            \_\_\_\_\_

**EMPLOYEE INFORMATION:**

Anticipated # of employees/volunteers, including owner \_\_\_\_\_

Do you have a Certified Food Manager on Staff?

YES, **attach** copy of National Certificate (ANSI Approved Managers Exam)  
 NO, do you have a person-in-charge enrolled in Food Safety Training?  
     YES, Name, date, and location of course: \_\_\_\_\_  
     NO, explain: \_\_\_\_\_  
 Exempt (non-profit) or other exempt facility

Do you have an employee health policy?  YES     NO

Do you have an employee policy for cleanup of vomiting or diarrheal events in the facility?  YES     NO

**SECTION 4: COMPLETE AND MOVE TO SECTION 5**

**WATER, SEWER, WASTE INFORMATION**

**WATER:** The facility is using:

A municipal (community) water supply.  
Provide name of municipal water supplier: \_\_\_\_\_ (ex: Pa American Water)

A non-community public water supply regulated by Department of Environmental Protection (DEP). Provide Public Water System (PWS) ID#: \_\_\_\_\_

Other / Private water supply (ex: well water). Contact DEP to determine if your facility qualifies as a public water system. If DEP determines your facility qualifies as a public water system, then the water supply must be approved by DEP. Written documentation must be provided, such as your assigned Public Water System (PWS) ID#. If DEP determines your facility does **not** qualify as a public water system then **current water tests must be provided for Total Coliform (4 initial samples in 24 hours) and 1 initial sample for Nitrate/Nitrite**

***I have either contacted DEP or have attached my non-public water supply results to this application.***

**Applicant Signature:** \_\_\_\_\_

**RETAIL FOOD FACILITY LICENSE APPLICATION AND PLAN REVIEW**  
**RETAIL FOOD FACILITIES AND RESTAURANTS**

**SEWER:** The facility is using:

- A municipal/public sewage disposal system. Sewage Authority: \_\_\_\_\_
- A non-public sewage disposal system (ex: Sand mounds, holding tanks).

For on-lot sewage disposal systems, please contact the local Sewage Enforcement Officer for your municipality and discuss if the current sewage disposal system is appropriate for your food facility. This would not apply if the facility is connected to an approved municipal supply, as listed above.

I have contacted my municipality regarding my on-lot sewage disposal system. To the best of my knowledge my on-lot system meets state and/or local codes, is adequate for my Retail Food Facility and functioning properly.

**Applicant Signature:** \_\_\_\_\_

**REFUSE:**

- The food facility refuse collector is \_\_\_\_\_ (company name)
- List any other refuse/waste collection companies (ex: grease collection) \_\_\_\_\_

**SECTION 5: COMPLETE AND MOVE TO SECTION 6**

**CONSTRUCTION, STRUCTURURAL AND EQUIPMENT INFORMATION**

- New construction
- Existing food facility – no construction or changes
- Major remodel of an existing food facility
- Major equipment change or addition to a food facility
- Minor construction to the food facility
- This is not a structure or building but a modular unit, stick stand or similar located in same location

*\*All construction and finish coat changes must be addressed on your plans or drawing. This applies to your general structure, floors, walls and ceiling materials. See instruction guidelines attached. Aesthetic changes only, such as paint, carpet, and decoration changes in non-food preparation or storage areas do not need to be addressed.*

**SECTION 6: COMPLETE AND MOVE TO SECTION 7**

**FACILITY FLOOR PLAN & EQUIPMENT SCHEDULE**

All facilities must **SUBMIT** copies of:

- Facility floor plan/layout
- Location of all food service equipment
- List of equipment including manufacture’s names and model numbers
- Water and sewer connection locations
- Restroom locations and fixtures
- Lighting schedules
- Surface or finish coat material of floors, walls and ceilings (even if temporary)
- Site plan of exterior building structures including storage areas, trash receptacles, outside refrigeration units, etc.

Plans may be hand drawn, but must be to approximate scale, neat and legible. Plans will NOT be returned. See “Application Instructions” for your guidance on completing this section of the application.

I have attached the appropriate documents related to the facility with this application.

**Applicant Signature:** \_\_\_\_\_

**RETAIL FOOD FACILITY LICENSE APPLICATION AND PLAN REVIEW**  
**RETAIL FOOD FACILITIES AND RESTAURANTS**

**SECTION 7: COMPLETE AND MOVE TO SECTION 8**

**ZONING AND OTHER CODES**

**BUILDING CODES AND ZONING:**

- Facility/Unit/Business is compliant with local zoning requirements.
- Facility/Structure is compliant with **all** building code requirements (electrical, plumbing, ventilation, structural, etc.) where applicable.

**SALES TAX:** Select one:

- A license to collect sales tax has been obtained or applied for. For information on applying for a sales tax license, contact the Pennsylvania Department of Revenue. A copy of the sales tax license or proof of application is required with this application.
- According to the PA Department of Revenue rules and regulations, I have determined that my business is exempt from collection of sales tax.

I certify the facility is compliant with the above requirements and all applicable supporting documentation is attached.  
**Applicant Signature:** \_\_\_\_\_

**SECTION 8: ALL APPLICANTS READ AND SIGN**

**FACILITY OPENING:**

Anticipated date of opening and/or construction completed for the facility: \_\_\_\_\_ (date)

***There are NO fees associated with this Plan Review Application. DO NOT SEND MONEY WITH THIS APPLICATION.***

License fees will be collected at the time of the licensing inspection pending the facility is in compliant with all Food Safety laws and regulations. The fees are as follows (payable to: Commonwealth of PA):

**Retail Food License**

- New Licenses:
  - Under 50 seats AND Owner Operated – **\$103**
  - All others – **\$241**

**Other fees**

- Remodel Plan Review – no charge
- Change of Ownership – \$82
- Annual Renewals – \$82
- 2<sup>nd</sup> Follow-up Inspection – \$150
- 3<sup>rd</sup> or Subsequent Follow-up Inspection – \$300
- Duplicate License – \$14
- Courtesy Inspection – \$150

This application, along with the floor plan and all other requested materials, as listed above, must be **submitted to your local Regional Office** as listed on the cover letter. Please allow **4 – 6 weeks for processing** of your plan review/application from the date of post marking. You may be contacted by your regional Food Inspector requesting further clarification or information. The Food Inspector will contact you with final approval OR you will be sent a letter via USPS with a disapproval, including the reasons, of this plan. Next, an on-site inspection will occur. An opening inspection **must** take place **prior** to licensing and operating.

**RETAIL FOOD FACILITY LICENSE APPLICATION AND PLAN REVIEW**  
**RETAIL FOOD FACILITIES AND RESTAURANTS**

*The Applicant understands and agrees that this document is an application for licensure of a retail food facility. The applicant understands and agrees that only a "proprietor" of a retail food facility may obtain a retail food facility license; and that a "proprietor" may be a person, partnership, association or corporation operating a retail food facility within the Commonwealth of Pennsylvania. The applicant verifies by signature below, that they are the "proprietor" of the retail food facility that is the subject of this application. The applicant verifies that all statements and information in this application is true and correct to the best of the applicant's knowledge, information and belief; and makes these statements subject to the penalties of 18 Pa.C.S.A. §4904, relating to unsworn falsification to authorities.*

**INDIVIDUAL PERSON:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Legibly Print Name

\_\_\_\_\_  
Date                      \_\_\_\_\_  
Date of Birth

**PARTNERSHIP:**

_____ Signature – General Partner	_____ Signature – General Partner
_____ Legibly Print Name	_____ Legibly Print Name
_____ Date                      _____ Date of Birth	_____ Date                      _____ Date of Birth

**CORPORATION OR ASSOCIATION / NON-PROFIT ENTITY:**

\_\_\_\_\_  
Name of Corporation or Non-Profit Entity

_____ Name of current CEO/President/or similar	_____ Official Title	_____ Date of Birth of CEO/President/or similar
_____ Signature of Corporate / Association / Non-Profit Official		_____ Official Title of Signatory
_____ Legibly Print Name	_____ Date	

**LIMITED LIABILITY COMPANY (LLC) OR LIMITED LIABILITY PARTNERSHIP (LLP):**

\_\_\_\_\_  
Name of LLC or LLP

_____ Name of Senior Official/General Partner, or Similar	_____ Official Title	_____ Date of Birth of Senior Official/General Partner, or Similar
_____ Signature – Member	_____ Date	_____ Signature – Member                      _____ Date
_____ Legibly Print Name	_____ Legibly Print Name	

**.....OFFICIAL USE ONLY.....**

**LICENSE TYPE:**    RETAIL FOOD LICENSE – PERMANENT                       LICENSE EXEMPT – BUT INSPECTED

**APPROVAL**  
 Approval date \_\_\_\_\_                      Applicant contacted date \_\_\_\_\_                      Method \_\_\_\_\_

**DISAPPROVAL**  
 Disapproval date \_\_\_\_\_                      Letter mailed to applicant date \_\_\_\_\_

Reasons for denial: \_\_\_\_\_

**REVIEWING INSPECTOR:** \_\_\_\_\_



**RETAIL FOOD FACILITY LICENSE APPLICATION AND PLAN REVIEW**  
**RETAIL FOOD FACILITIES AND RESTAURANTS**

**INSTRUCTIONS FOR COMPLETING THE RETAIL FOOD FACILITY APPLICATION**

These instructions are for your review and to assist you in understanding and completing the plan review application and licensing process.

**PREPLANNING/TIMELINE:**

1. Review thoroughly a copy of the rules and regulations pertaining to the specific type of food service facility planned prior to and during preparation of plans. Applicable law is Title 3 of the Consolidated Statutes, Chapter 57, Subchapter A, Retail Food Facility Safety Act (3 C.S §§5701 - 5714). Regulations governing food safety in retail food facilities are found in the PA Code, Title 7, Chapter 46, §46.4, wherein which PDA has adopted the most current version of the FDA Model Food Code (herein noted as “Food Code”).
2. Discuss any unanswered questions regarding licensing and requirements for plan review with your Regional Department of Agriculture representative (see cover letter for contact information).
3. Complete this application for **new retail food facilities and restaurants OR facilities undergoing a significant change in menu or food service style** and submitted at **least 60 days** prior to **opening**.
4. Do not open, prepare or sell food prior to approval from the regional PA Department of Agriculture Food Inspector or Regional Food Safety Supervisor.
5. All local planning, zoning, building, fire etc., codes must be considered as well as requirements of the Department of Labor and Industry, Department of Environmental Protection, and the Liquor Control Board if the facility will also be regulated by these agencies. It is your responsibility to assure compliance with other applicable laws and regulations.
6. Your Food Inspector will contact you with an approval (or disapproval) of your plans. After approval and when the facility is ready for inspection, you will make an appointment with your Inspector to do a Licensing Inspection. Licensing fees are collected at the time of a compliant licensing inspection.

*\*County, township, cities or boroughs are authorized by Law to have local health offices, if they choose. As such, if a local or county health office exists, they will have jurisdiction for issuing licenses to Retail Food Facilities. Proprietors operating in a county or local health jurisdiction should contact their County or Local Health Department directly. Do **NOT** fill out this application. A list of County / Local Health Departments can be found at [www.EatSafePA.com](http://www.EatSafePA.com), on the Retail Food ‘Program’ page.*

**SECTION 1: PURPOSE OF THE PLAN REVIEW**

**PART A:** Select which best describes your facility.

**PART B:** Select which best describes why you are filling out this application.

Are you a new business looking to get an initial license to operate? – **New license**

Are you a new owner significantly changing the menu or food service style of an operation? – **New license**

*If none of these choices seems to describe why you are applying, select “other” and describe why you are applying for a Retail Food License.*

**SECTION 2: FACILITY INFORMATION**

This section captures information about your facility. Fill in all sections completely. Select your owner type, and enter the most responsible official at the food facility if that is not the owner.

**RETAIL FOOD FACILITY LICENSE APPLICATION AND PLAN REVIEW**  
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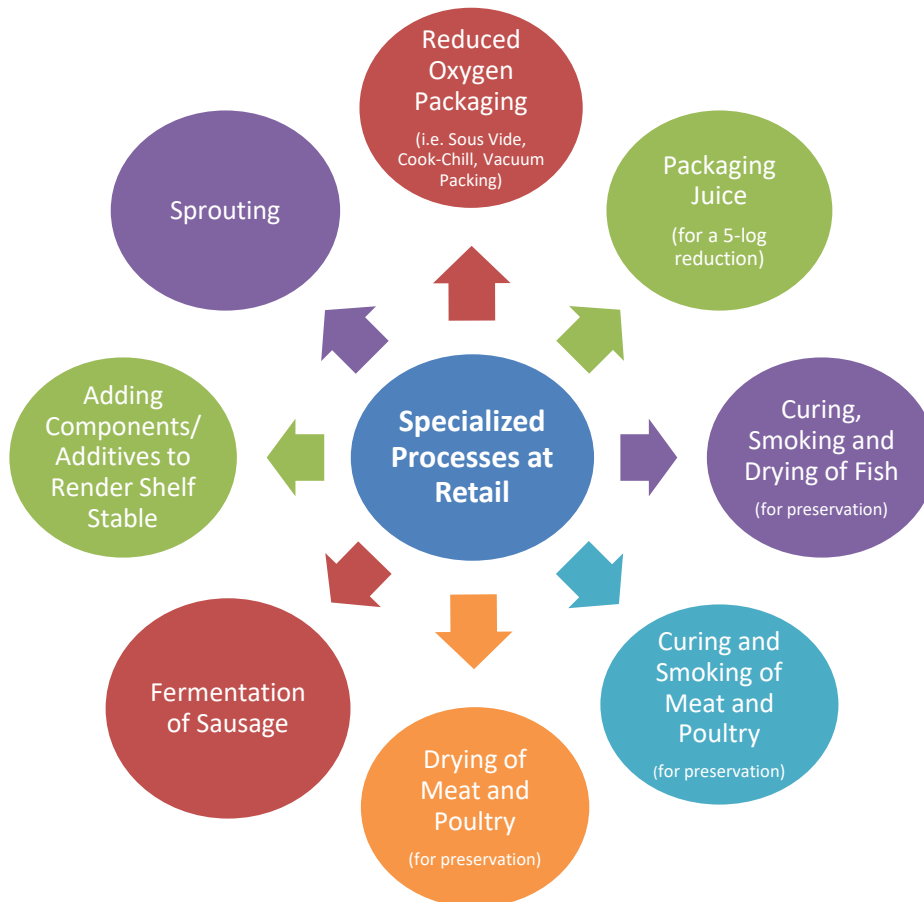
**SECTION 3: FACILITY SERVICE INFORMATION**

**DAYS AND TIMES OF OPERATION:** This section captures information about your operation. Select the days of the week and time in which the facility will be operating.

**TYPE OF SERVICE:** This section addresses information regarding the type of food service your facility is providing to consumers. Select all types of food service that apply. If your type is not listed, please select ‘other’ and describe.

**TYPE OF MENU:** This section requests information regarding your intended menu. For full and limited menu facilities, you must submit a copy of your menu with your plans. If a formal menu has not been developed, please provide a list of items that you are considering making/selling. If your facility is serving only specific food items, please list those items in the space provided. If your facility is a grocery store selling packaged food and consists of departments, check any departments that will be included in the facility. If your facility will be performing specialized processes such as sous vide, cook-chill, vacuum packaging, reduced oxygen packaging (ROP), curing/smoking for preservation, sprouting, fermentation, acidification or canning, a HACCP plan must be submitted and approved by the Department prior to processing of those foods. If your facility plans to serve raw and/or undercooked animal foods, indicate the type of foods. These types of foods may include, cook to order steaks, cooked to order eggs, sushi, cook to order meats, or any other raw animal foods or food containing raw animal food, that are being provide in a ready-to-eat form, whether packaged or not packaged. Additionally, these items may require a consumer advisory to be provided on the menu or packaging. Finally, indicate if you have or have applied for a PA Liquor License.

A HACCP plan **must** be submitted with this application if you are processing any of the following:



## **RETAIL FOOD FACILITY LICENSE APPLICATION AND PLAN REVIEW**

### **RETAIL FOOD FACILITIES AND RESTAURANTS**

**ANTICIPATED PROJECTED CAPACITY:** Indicate the total number of seats anticipated in the food facility. Include all seating for the on-site consumption of foods. Include inside seating and any outside seating if food service occurs at the seating or the seating is only accessible from inside the facility. If there are no seats, please indicate '0'. Indicate the number of anticipated patrons you plan on serving per day.

**EMPLOYEE INFORMATION:** Select which category is applicable to your facility with consideration of the information below:

**Food Employee Certification:** A certified food protection manager is a person in charge of the retail food facility who has taken and passed a nationally recognized food safety exam. National exams are those that have been approved by ANSI using the Conference of Food Protection certified food protection manager standards. For more information on the type and location of acceptable programs, visit our website – Retail Food – Food Employee Certification [http://www.agriculture.pa.gov/consumer\\_protection/FoodSafety/Pages/default.aspx](http://www.agriculture.pa.gov/consumer_protection/FoodSafety/Pages/default.aspx). You may use any vendor of your choosing to take this course and exam. Your certification must be kept valid and current (not expired). If you do not currently have a certified food manager in the facility, you will have 90 days from the date your license is issued to certify the person-in-charge.

Unless exempt from certification as described below, facilities handling exposed TCS foods must comply with these regulations. A retail food facility is exempt from the food employee certification if:

1. Retail Food Facility sells only commercially pre-packaged foods and beverages (non-TCS and TCS)
2. Retail Food Facility sells only non-TCS foods and beverages (packaged or unpackaged)
3. Retail Food Facility operated by a charitable non-profit organization

**Employee Health Policy:** An employee health policy establishes how to handle ill employees. Even if you are the only employee, The FDA Food Code, requires that the person in charge understand under what conditions an employee, including themselves, may work while ill and at what point restriction or exclusion of the person from the food facility should take place. This policy does not need to be a written policy. The question is asked to bring your attention to this very important issue. Your Inspector, as part of a routine inspection, will discuss your policy with you. If you do not currently have a policy developed, a policy must be established, either in writing or verbal, prior to opening and presented to every employee of the facility and your Inspector.

### **IMPORTANT FOOD SAFETY INFORMATION** (For review only; not to be included in application packet)

#### **Food Safety and Handling:**

1. All time and temperature control for safety food (TCS) shall be kept out of the temperature danger zone (41°F to 135°F). All food must be kept cold (< 41°F) or hot (>135°F).
2. Ready-to-eat animal-derived foods must be cooked or reheated to the proper temperatures unless a consumer advisory is provided.
  - a. 145°F or eggs, fish, beef, pork
  - b. 155°F for ground meats
  - c. 165°F for poultry and stuffed meats, fish, and pasta
  - d. 165°F for reheating cooked foods for hot holding
3. All food shall be protected at all times from environmental and other sources of cross contamination.
4. Proper warewashing includes 3 steps: wash, rinse, and sanitize. Sanitizing food equipment is a risk factor violation if not accomplished correctly.
5. All unpackaged food shall be protected from direct consumer handling until purchased. Self-service of ready-to-eat foods shall have protection such as sneeze-guards/display covers and appropriate dispensing utensils.
6. **No bare hand contact is allowed on any ready to eat food.** Gloves or utensils, such as spatulas or hand papers, must be used at all times to avoid contact with food.
7. Good personal hygiene and proper handwashing are essential.

**RETAIL FOOD FACILITY LICENSE APPLICATION AND PLAN REVIEW**  
**RETAIL FOOD FACILITIES AND RESTAURANTS**

**SECTION 4: WATER, SEWER, WASTE INFORMATION**

This section captures the information about water supply, waste water disposal and trash collection.

**WATER:** Select the type of water supply being used in your facility. You may obtain your water from **any** DEP regulated water supply. Building owners/operators may need to supply you this information if you are using their water supply. All water supplies are either **public** – municipal/community and non-community OR **non-public** – private wells.

Municipal / Community Water Supplies: Municipal/community supplies are those regulated by DEP. The name of the Public Water Supplier (ex: Pennsylvania American Water) should be listed as the municipal public water source,

Non-Community Supplies: Some non-municipal water supplies and/or wells are also regulated by DEP and assigned a Public Water System (PWS) ID#. If the market is on a well and determined to be 'public', it must be approved by DEP. For non-community public water supplies, provide proof from DEP that your water supply has been approved as a Public supply, including your assigned Public Water Supply number.

Other: Non-public water systems are not regulated by DEP and are required to conform to the construction, maintenance, and operation requirements established for a transient non-community water system as defined in 25 Pa. Code Chapter 109. If DEP determines your facility does **not** qualify as a public water system then **current water tests must be provided for Total Coliform (4 initial samples in 24 hours) and 1 initial sample for Nitrate/Nitrite**. Ongoing testing of the water supply for non-public systems shall continue as directed by your Inspector. Test results must be submitted with the application.

**You must contact your local DEP office to determine if your water supply should be regulated by that Agency.** To find your local DEP office by county visit the website below or call **717-787-9633** for more information.

<http://www.depgreenport.state.pa.us/elibrary/GetDocument?docId=8435&DocName=DEP%20OFFICE%20AND%20COUNTY%20HEALTH%20DEPARTMENT%20CONTACT%20INFORMATION%20BY%20COUNTY.PDF%20>

*Approval of the water supply shall be based on satisfactory compliance with the latest edition of the Public Water Supply Manual for Construction Standards and Title 25, Chapter 109 for Water Quality, Pennsylvania Department of Environmental Protection (DEP). Facilities shall also comply with The FDA Food Code sections relating to water.*

**SEWAGE:** Select which applies. If your facility is utilizing a municipal sewage system, supply the name of the sewage enforcement municipality. For retail food facilities **NOT** using a municipal/public sewer: It is the responsibility of the owner/applicant of the retail food facility to contact the local Sewer Enforcement Officer for their municipality to review whether the current on-lot sewage system is approved and adequate for the use of the facility. Please provide that date on which this contact was made and confirm by signature that you are compliant to the best of your knowledge with all sewage disposal requirements.

Approval of all sewage disposal systems will be based upon satisfactory compliance with Chapter 71 and 73 of this title, The Clean Streams Law, Act of June 22, 1937, P.L. 1987, as amended (35 P.S. §§691.1 et seq.), and/or as determined by the local governing sewage enforcement agency or local Sewer Enforcement Officer (SEO) and with The Food Code.

**REFUSE:** Select any that apply. If refuse is to be disposed of on-site at the retail food facility the refuse company name must be supplied. Disposal of garbage and refuse shall conform to the Solid Waste Act, Act of July 31, 1968, P.L. 788 (No. 241), Section 6, (35P.S. Section 6006) and the regulation adopted pursuant thereto, Chapter 75 of this title (relating to Solid Waste Management). If disposal is to take place off-site, list the name of the collector and location of disposal site. The handling of refuse, recyclable and returnable shall comply with all applicable sections of The Food Code.

## **RETAIL FOOD FACILITY LICENSE APPLICATION AND PLAN REVIEW** **RETAIL FOOD FACILITIES AND RESTAURANTS**

### **SECTION 5: CONSTRUCTION, STRUCTURAL AND EQUIPMENT INFORMATION**

This section captures the detail of your facility structure and any construction that may be occurring to the facility. Select which best describes the nature of your construction, if any, that may apply to your facility.

### **SECTION 6: FACILITY FLOOR PLAN & EQUIPMENT SCHEDULE**

Applicants must submit floor plans, equipment schedules, materials and construction plans. Plans must include the basic layout of the facility, location of all food service equipment, listing of equipment (including manufacturer's name and model numbers), water and sewer connection locations, restroom locations and fixtures, lighting schedules, surface or finish coat materials of floors, walls and ceilings (even if temporary), and site plan showing exterior building structures (including storage areas, trash receptacles, outside refrigeration units, etc.). Aesthetic changes only that do not affect food storage, production or other food related areas do not need to submit any plans (i.e. re-decorating the dining room, painting the walls a new color). See **Guidelines for Preparation of Floor Plans and Equipment Schedule** for more detailed instructions on completing this section.

Plans do not need to be signed and sealed. Only **one** copy is required for the review. Drawings/floor plans may be 'hand-drawn,' but must be clear, concise, legible, to approximate scale, and of such size to enable all information to be clearly shown. Drawings will not be returned to you unless specifically requested. The Department does **not** maintain a copy of your plans.

### **SECTION 7: ZONING AND OTHER CODES**

This sections captures information related to compliance with building code and enforcement and sales tax collection. Please select which best applies to your facility. Some of this information may need verified with the property or building owners/operators.

You must contact the PA Department of Revenue for information on obtaining a license to collect sales tax. A copy of the sales tax license or proof of application is required with this application. You can contact the Department of Revenue at (717) 787-8201 or apply online at <https://www.pa100.state.pa.us/Registration.htm>.

### **SECTION 8: OWNERSHIP SIGNATURE**

Enter the **date** the retail food facility is anticipating opening or the legal change of ownership will occur. Read the remainder of this section and fill in the appropriate '**ownership**' block with signatures. The 'owner' or 'proprietor' of a retail food facility may be a person, partnership, association, corporation, or an LLC or LLP. Only the 'proprietor' may apply for and obtain a retail food facility license in the Commonwealth of Pennsylvania. NOTE: When an association, corporation, LLC, or LLP is the 'proprietor', at least one governing official must sign the application. **All licenses issued for the retail food facility will indicate the legal company name AND the 'Senior' officials name indicated on the application (if applicable).** If, in the future, the Senior Official's name on the license is not correct, a written document must be provided to the Department signed by the 'new' company official.

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**GUIDELINES FOR PREPARATION OF FLOOR PLANS & EQUIPMENT SCHEDULE**

ALL plan reviews must **INCLUDE** copies of:

- Facility floor plan/layout
- Location of all food service equipment
- List of equipment including manufacture's names and model numbers (even if minimal)
- Water and sewer connection locations
- Restroom locations and fixtures
- Lighting schedules
- Surface or finish coat material of floors, walls and ceilings (even if temporary)
- Site plan of exterior building structure/grounds including storage areas, trash receptacles, outside refrigeration units, etc.

Plans do not need to be signed and sealed. Only **ONE** copy is required for the review. Drawings/floor plans may be 'hand-drawn,' but must be clear, concise, legible, to approximate scale, and of such size to enable all information to be clearly shown. Drawings will not be returned to you unless specifically requested. The Department does not maintain a copy of your plans. Additional information may be requested by the Department of Agriculture (PDA) to approve your facility.

The outline below provides a generalized list of items that should be addressed on your floor plans and equipment schedules. The **Room Finish Schedule** and **Equipment Schedule** charts are provided for optional use to help organize your information and ensure all information is submitted as required. Whether you use the enclosed charts provided below or submit in your own format, **ALL** information listed is required and **MUST** be included with this application.

*Please note: not all areas as listed below may be applicable to your facility.*

**FACILITY DETAILS:** (See FDA Food Code for detailed requirements)

**STRUCTURAL FACILITIES** – full details must be indicated and included on **Room Finish Schedule**

*Floors*

- New construction and finish materials
- Existing buildings finish coats (ex: linoleum, concrete sealed with high gloss paint, etc.)
- Location of floor drains
- Materials for the juncture between floors and walls

*Walls and Ceilings*

- Materials
- Finish

*Doors and Windows*

- Self-closing devices on doors where required
- Screening or other insect-control devices (include size of screening)

*Lighting*

- Placement of all fixtures (in relation to equipment)
- Illumination levels (in foot-candles or numbers/wattages of lights) for all areas including toilet rooms, storage areas, food preparation areas, etc. Specific intensities must be shown for food preparation and utensil and ware washing areas. See Chapter 46, Food Code
- Provide protection for light fixtures to ensure shattered glass does not become a food safety hazard



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*Plumbing*

- Water connections to all food service equipment
- Drainage or condensate lines from equipment such as ice-makers, walk-in coolers etc. showing clearly the methods of discharge of waste waters
- Mixing valves on all lavatory fixtures
- Hot water generating system where hot water is to be used as a sanitizing agent, ware washing facilities and hand wash sink locations
- Cross connection and backflow control at all necessary areas
- ***Commonwealth regulations prohibit the use of lead pipe, lead-based solder and fitting in potable water drinking systems after January 6, 1991***

*Toilet and Handwashing Facilities*

- Construction detail of the floors, walls and ceilings in restrooms
- Method of ventilation to outside air
- Number of restrooms in the facility (there must be one for employees to use)
- Location of all handwash sinks
  - o Minimum of one handwash sink for food employees must be accessible and conveniently located in the food preparation areas **AND** in or immediately adjacent to restrooms
- Soap dispensers, towel dispensers, waste receptacles and employee hand washing signage for each toilet room and/or sink. Waste receptacles in women's restrooms for sanitary napkin disposal shall be covered.
- Dressing/locker rooms or storage areas for employee's personal effects (some type of storage facilities for personal items is required)

*Food Storage Areas*

- Construction of floors, walls, and ceilings in these areas
- Height and depth of storage shelves (distance from the lowest shelf to floor must be no less than 6")
- Finish of storage shelves and their location (not under overhead water or sewer pipes)

*Food Displays*

- Counter sneeze guards or other protective devices (sneeze guards are required for all consumer self service operations or areas within any food facility)

**EQUIPMENT – full details must be indicated and included on **Equipment Schedule****

*Design and Construction*

- A list of all equipment must be prepared as an addendum to the plans showing the manufacturer and the model for all equipment. Equipment must meet a minimum requirement as stated in Food Code. A set of detailed shop drawings may be evaluated to determine compliance with these standards. Food equipment that had been unaltered and has been certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program shall be deemed to comply with Chapter 46 as listed above. All other equipment must be evaluated for compliance with the Code.

*Thermometers (ambient air or water)*

- Numerically scaled thermometers measured in Fahrenheit must be accurate to +/- 3°F and must be accessible and readable for each cold storage unit to be used in the storage of time and temperature control for safety foods for measuring ambient air or water temperature. (+/- 1.5°F for Celsius devices or Celsius/Fahrenheit devices). Food temperature measuring devices that are scaled only in Fahrenheit shall be accurate to +/- 2 °F in the intended range of use OR +/- 1 °F for Celsius thermometers.

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*Equipment and Utensil Storage*

- Adequate storage facilities for all equipment such as tableware, kitchenware, utensils, etc., must be clearly shown. Utensil storage containers must be designed so that the utensils are protected from contamination and so that only the handle of the utensil can be grasped by the employee or customer.
- Complete details must be included for running water dipper wells, including water inlet, waste connection, etc.

*Ventilation*

- A detail of the final exhaust outlet must be provided. If necessary to keep rooms free of excessive heat, steam, condensation, vapors, obnoxious odors, smoke and fumes in a food facility, mechanical ventilation of sufficient capacity and made of approved materials shall be provided. Ventilation hood systems and devices shall be sufficient in number and capacity to prevent grease or condensation from collecting on walls, ceilings and fixtures. Exhaust ventilation hood systems in food preparation and warewashing areas (including components such as hoods, fans, guards and ducting) shall be designed to prevent grease or condensation from draining or dripping onto food, equipment, utensils, linens and single-service and single-use articles.
- On new installations or hood remodels, galvanized metal hoods are not acceptable in situations where grease-laden vapors are being produced.
- If vented to the outside, ventilation systems may not create a public health hazard, nuisance or unlawful discharge. It is the food facility operator or owner's responsibility to assure compliance with all state and local building and fire codes.

*Consumer Advisory (if applicable)*

- If a retail food facility intends to sell ready to eat animal-derived foods in a raw or undercooked form (ex: sushi, rare steak, sunny side up eggs, raw egg coddled dressing) then a consumer advisory must be offered to patrons. A sample of the facility's compliance with the consumer advisory section of Food Code should be submitted with this plan. Your action plan to comply with this section or the actual menu showing compliance with this section is acceptable. Both *disclosure* of the specific food items affected and a *reminder* of the risks must be contained in the consumer advisory to be considered approved. Guidelines are available to aid you in the development of this section. Children's menus shall not include the option for undercooked comminuted meats.



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The following chart/schedules are for your optional use. Complete and submit with your plans ALL facility details and equipment schedules

**FLOORS, WALLS, CEILINGS SCHEDULE**

	<b>Wall Finishes</b>	<b>Floor Finishes</b>	<b>Ceiling Finishes</b>
<b>Example</b>	Drop down screening	Linoleum	Overhead tarp
Kitchen/Cooking Food Prep			
Sales Area			
Dry Storage			
Warewashing			

Notes: \_\_\_\_\_

**LIGHTING SCHEDULE**

If lighting is not provided due to outside/natural lighting, please indicate such.

	<b>Foot Candles (fc)</b>	<b>Arrangement</b>	<b>Cleaning and Service</b>	<b>Shielding and Protection</b>
<b>Example</b>	35 fluorescent overhead lights)	35 fluorescent lights spaced 4' apart	Routine monthly cleaning	Protected by plastic sheaths and end caps
Preparation/Work Area				
Storage				
Serving				
Dining Area				
Special				

Notes: \_\_\_\_\_

**RETAIL FOOD FACILITY LICENSE APPLICATION AND PLAN REVIEW**  
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**EQUIPMENT SCHEDULE**

Provide a scaled layout drawing of all equipment, even if minimal, in the retail food facility. Complete the following list of equipment and submit with your plans.

<b>Item No.</b>	<b>Type of Equipment</b>	<b>Manufacturer's Name</b>	<b>Model No.</b>	<b>Quantity</b>
Example	Freezer	Hobart	ABC124	1