Borough of Emmaus
Board of Health
28 S 4th St.
Emmaus, PA 18049
Health Officer: (610) 966-9026
Healthinspector@borough.emmaus.pa.us

Borough of Emmaus

APPLICATION FOR LICENSE TO OPERATE A FOOD SERVICE ESTABLISHMENT

Incomplete applications will be returned and will delay issuance of license.

INSTRUCTIONS: Complete and sign this application. A license will not be issued until the facility complies with all applicable regulations. Return this application along with the total fee to the Borough of Emmaus Board of Health, 28 S 4th St., Emmaus, PA 18049. Make check or money order payable to the Borough of Emmaus. **DO NOT SEND CASH.**

Section A – FOOD SERVICE ESTABLISHMENT	SECTION B – OWNER INFORMATION
Establishment Information	**Ownership: Check one; fill in proper line(s)**
_____ New Establishment _____ Change of Ownership _____ Renewal _____ Renovation - Plan Review Only **Facility Name:** _____ **Facility Address:** _____ _____ _____ **Phone Number:** _____ **E-Mail:** _____ **Fax Number:** _____ **Exterminator:** _____ **Trash Hauler:** _____ **Recycler:** _____	_____ Sole Proprietor _____ Partnership _____ Corporation _____ LLC _____ Non-Profit _____ Other **Sole Prop. Name:** _____ **Partners' Name(s):** _____ **Non-Profit Name:** _____ **Corporation Name:** _____ **CEO Name/Title:** _____ **Owner's Address:** _____ _____ _____ **Phone Number:** _____ **Fax Number:** _____
Section C – CONTACT/EMERGENCY INFORMATION	**SECTION D – MAILING INFORMATION**
Operator/Manager: _____ **Emergency Phone Number:** _____	Where all future correspondence should be mailed? Please check one. _____ Establishment Address in **Section A** _____ Owner Address in **Section B**

Application is hereby made for a license to operate a food service establishment. By this application, it is agreed that the establishment will comply with all applicable ordinances and regulations. It is further agreed that said establishment shall be open to inspection by the Emmaus Board of Health. I also understand that the license issued is **NOT TRANSFERABLE**. I hereby certify that I have applied for a sales and use tax license or exemption from the PA Department of Revenue as of the date of this application understanding that any false representation is subject to penalty under 18 PA. C.S. §4903 and §4904.

_____ _____ _____

SIGNATURE TITLE DATE

License/Operational Fees

		FOR HEALTH BUREAU USE ONLY	
License Fee $100			
Plan Review Fee $100		Amount Rec'd _____	New License Expiration Date: _____
		Date Rec'd _____	Approved By: _____
		License# Issued: _____	Date: _____
Total Fee			