

Dear Applicant:

This packet has been developed to serve as a guide for food establishments licensed by the Erie County Department of Health (ECDH) that are undergoing new construction, renovation, alteration, and change of ownership. Establishments must comply with PA Title 7, Chapter 46, the PA Food Code; Act 106 of 2010; and policies adopted by ECDH.

The first step in obtaining a license is to have ECDH approve the establishment's water supply and sewage disposal system.

The enclosed application must be fully completed and returned to ECDH with all necessary accompanying documentation. The application must be reviewed and approved by ECDH **before** construction, remodeling, alteration, and change of ownership.

Your submitted application must include the following:

- Fully completed application
- Menu

NOTE - If your menu includes undercooked foods (i.e., burgers and steaks cooked to order, raw oysters, sunny-side-up eggs, etc.), a consumer advisory is required.

- Floor plans

Include the entire facility/premises

NOTE - renovations and alterations may submit plans for affected areas only

- Application Fees: \$ 130.00

Incomplete applications will not be processed.

Submit the application to:

Erie County Department of Health
Environmental Division
606 West Second Street
Erie, PA 16507

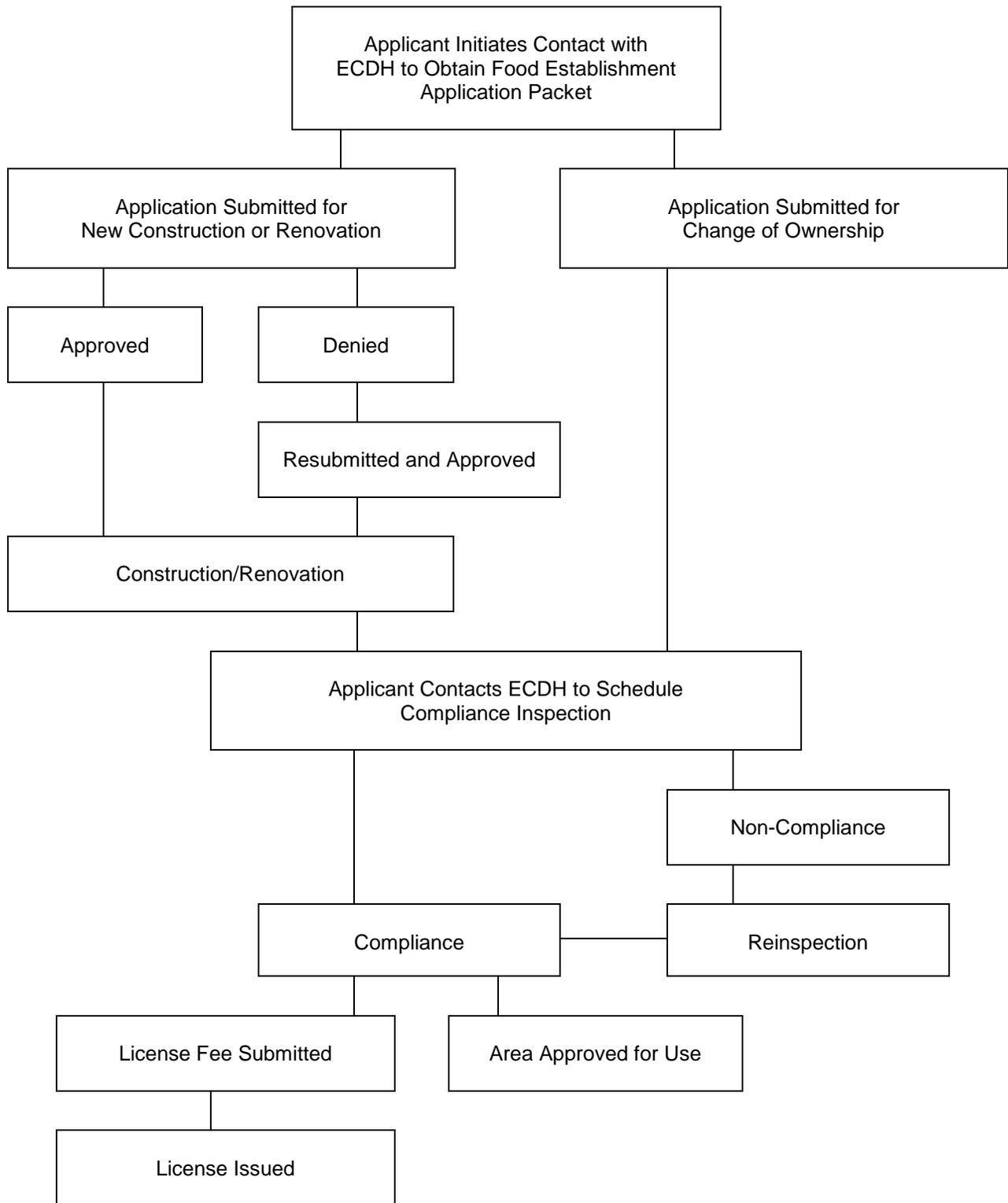
For questions or assistance please contact:

Erie County Department of Health
Phone: 814-451-6700
Fax: 814-451-6775

Chapter 46 can be viewed at: www.pacode.com/secure/data/007/chapter46/chap46toc.html

Act 106 of 2010 can be viewed at www.EatSafePA.com.

FLOW CHART



Note: **LICENSES ARE NOT TRANSFERABLE.** When there is a change of ownership or a business moves to a new location, this plan review process must occur and new licenses must be obtained.

| Type of Water Supply | | |
|--|---------------------------------------|-----------------------------------|
| Municipal <input type="checkbox"/> | Drilled Well <input type="checkbox"/> | Dug Well <input type="checkbox"/> |
| Is disinfection provided? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| Type of Sewage Disposal | | | |
|------------------------------------|--|---|---|
| Municipal <input type="checkbox"/> | On-Lot Septic <input type="checkbox"/> | Small Flow Treatment <input type="checkbox"/> | On Site Sewage Treatment Plant <input type="checkbox"/> |

| |
|--|
| Have City/Township/Borough zoning requirements been met? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have City/Township/Borough code requirements (electrical, plumbing, building, etc.) been met? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PA sales tax and use license or exemption certificate: Applied for _____ Received / # _____ |
| Name of garbage and trash collector _____ |
| Name of exterminator company (if applicable) _____ Frequency: _____ |
| Do you have an employee certified in food safety? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Application is hereby made for a license to operate a retail food establishment. By this application it is agreed that the establishment will comply with all applicable ordinances, regulations and policies, including the requirement that I contact the Erie County Department of Health before starting any construction, renovations or major equipment purchase. It is further agreed that said establishment shall be open to inspection by the Erie County Department 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 Pennsylvania Department of Revenue as of the date of this application. I also understand that any false representation is subject to penalty under 18 Pa. C.S. §4903 and 4904.

Signature

Title

Date

Erie County Department of Health
606 West Second Street
Erie, PA 16507
Telephone: 814/451-6700; Fax: 814/451-6775
www.ecdh.org

FEATURES OF THE ESTABLISHMENT

MATERIALS AND CONSTRUCTION

| | Wall Finishes/Construction | Floor Finishes/Construction | Ceiling Finishes/Construction |
|--|----------------------------|-----------------------------|-------------------------------|
| Kitchen: Cooking/Food Prep | | | |
| Bakery | | | |
| Delicatessen | | | |
| Meat Cutting/Prep Room | | | |
| Dry Storage | | | |
| Dishwashing Area | | | |
| Rest Rooms | | | |
| Other | | | |
| | | | |
| | | | |
| | | | |
| Outside waste containers located on non-porous surface: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |