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

| Eating and Drinking | |
|---|---|
| ≤50 seats | $ 50.00 |
| 51 – 100 seats | $ 70.00 |
| >100 seats | $ 110.00 |

| Retail | |
|---|---|
| ≤5,000 sq. ft. | $ 50.00 |
| 5,001 – 10,000 sq. ft. | $ 70.00 |
| >10,000 sq. ft. | $ 110.00 |

**Incomplete applications will not be processed.**

Submit the application to:

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

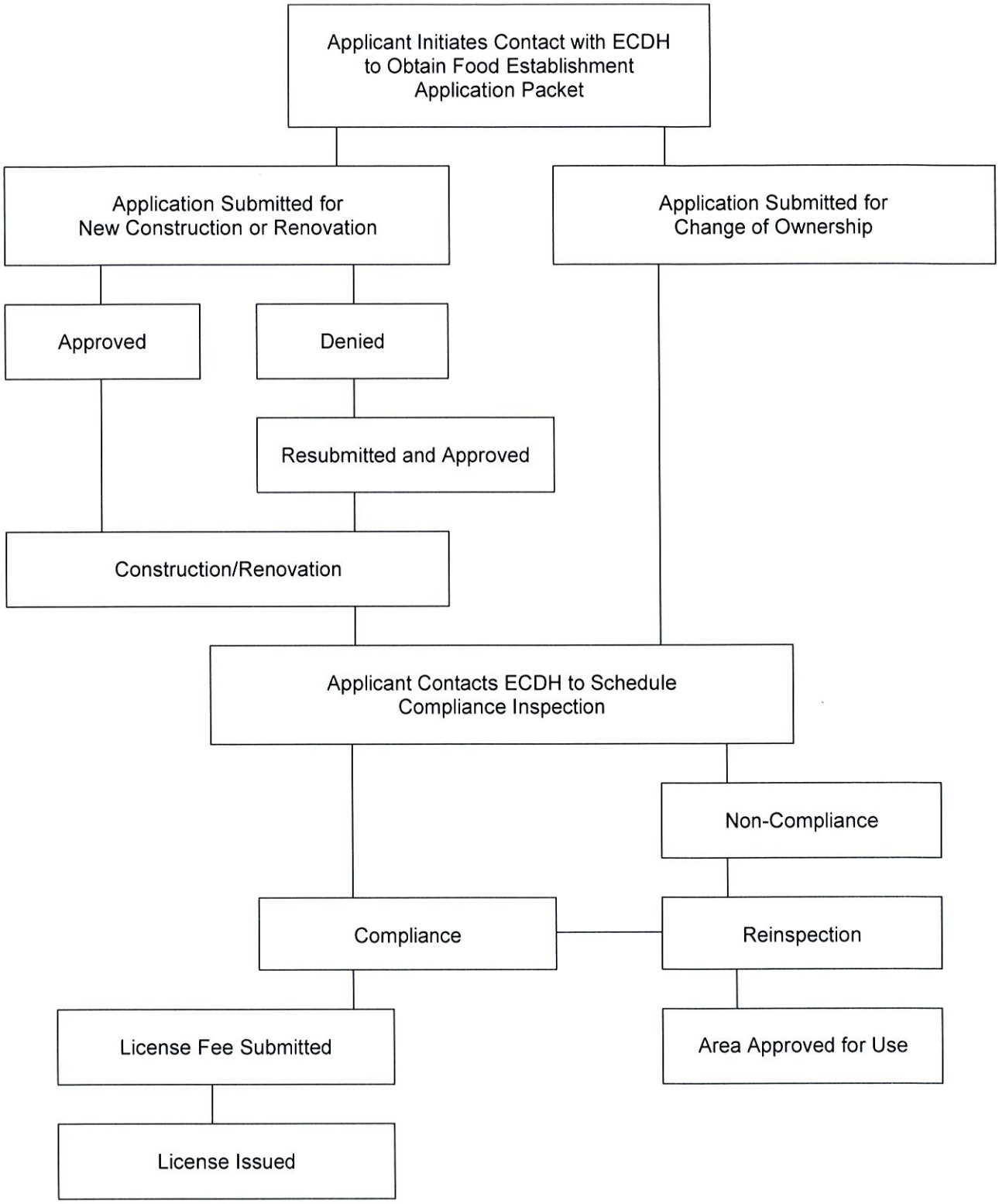
For questions or assistance please contact:

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 application process must occur and new licenses must be obtained.

## APPLICATION FOR ANNUAL LICENSE TO OPERATE A FOOD SERVICE ESTABLISHMENT

**Instructions:** Please complete all pages of the application. Send the completed application to the Erie County Department of Health, 606 West Second Street, Erie, Pennsylvania 16507

**Note:** A license will not be issued until the following requirements are met:

- ☐ The license application is fully completed;
- ☐ Application fee has been submitted;
- ☐ Plans have been reviewed and approved by the Department prior to construction;
- ☐ The facility complies with all applicable regulations during the license inspection; and
- ☐ License fee is received in person (or by mail) prior to the opening date.

### SECTION A – FOOD SERVICE ESTABLISHMENT

1. This application is for: ☐ New Establishment ☐ Change of Ownership ☐ Renovations

2. Type of Service (check all that apply): ☐ Retail Outlet ☐ Eating & Drinking ☐ Catering ☐ Vending Company

**A menu must be submitted.**

**Eating and Drinking**

Total Seating - include any bar room stools

☐ Mobile Unit ☐ Take-out only ☐ 1 - 50 seats

☐ 51 - 100 seats ☐ 101 - 150 seats ☐ >150 seats

Is this a Pennsylvania Liquor Control Board controlled operation? ☐ Yes ☐ No

**Retail Outlet**

☐ Mobile Unit ☐ less than 1,000 ft.$^2$ ☐ 1,000 ft.$^2$ to 5,000 ft.$^2$

☐ 5,001 ft.$^2$ to 10,000 ft.$^2$ ☐ 10,001 ft.$^2$ to 20,000 ft.$^2$ ☐ greater than 20,000 ft.$^2$

3. Establishment Information:

Name of Facility _____ Phone _____

Address _____ Fax _____

_____ Zip _____ E-Mail _____

Responsible Person, Operator or Manager _____

4. Renovation or Construction Start Date _____ Anticipated Completion Date _____

Change of Ownership Date _____ Former Name of Facility _____

### SECTION B – OWNER INFORMATION

1. Type of Ownership: ☐ Corporation ☐ Partnership ☐ Owner/Operator ☐ Other (specify) _____

2. Owner's Name

3. Chief Officer's Name (if applicable)

4. Title

5. Business Address or Home Address Zip

6. Phone

7. Where should all future correspondence be mailed? Please check one.

☐ Establishment address in Section A-3 ☐ Business address in Section B

| Type of Water Supply | | |
|---|---|---|
| Municipal ☐ | Drilled Well ☐ | Dug Well ☐ |
| Is disinfection provided? ☐ Yes | ☐ No | |

| Type of Sewage Disposal | | | |
|---|---|---|---|
| Municipal ☐ | On-Lot Septic ☐ | Small Flow Treatment ☐ | On Site Sewage Treatment Plant ☐ |

| | |
|---|---|
| Have City/Township/Borough zoning requirements been met? | ☐ Yes ☐ No |
| Have City/Township/Borough code requirements (electrical, plumbing, building, etc.) been met? | ☐ Yes ☐ 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? | ☐ Yes ☐ 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**

# EQUIPMENT SCHEDULE

Provide a layout drawing of all equipment to the applicable areas: food prep, serving, meat room, food storage and dishwashing. Complete the following list of equipment. All equipment must meet the standards of the Department.

| Item No. | Type of Equipment | Manufacturer's Name | Model No. | Quantity |
|---|---|---|---|---|
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| PLEASE LIST ALL CATERING EQUIPMENT (IF APPLICABLE) | | | | |
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| | | | | |

# 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: ☐ Yes ☐ No | | | |