

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**

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

A HACCP plan is required if you are utilizing specialized processes, such as fermenting, sous-vide, cook-chill, reduced oxygen packaging, or canning.

- Floor plans

Include the entire facility/premises

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

- Application Fees: \$ 130.00

**LATE SUBMITTAL:** Any application submitted within seven days prior to the opening of the business is subject to an additional \$25.00 rush fee.

**Incomplete applications will not be processed.**

Submit the application to:

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

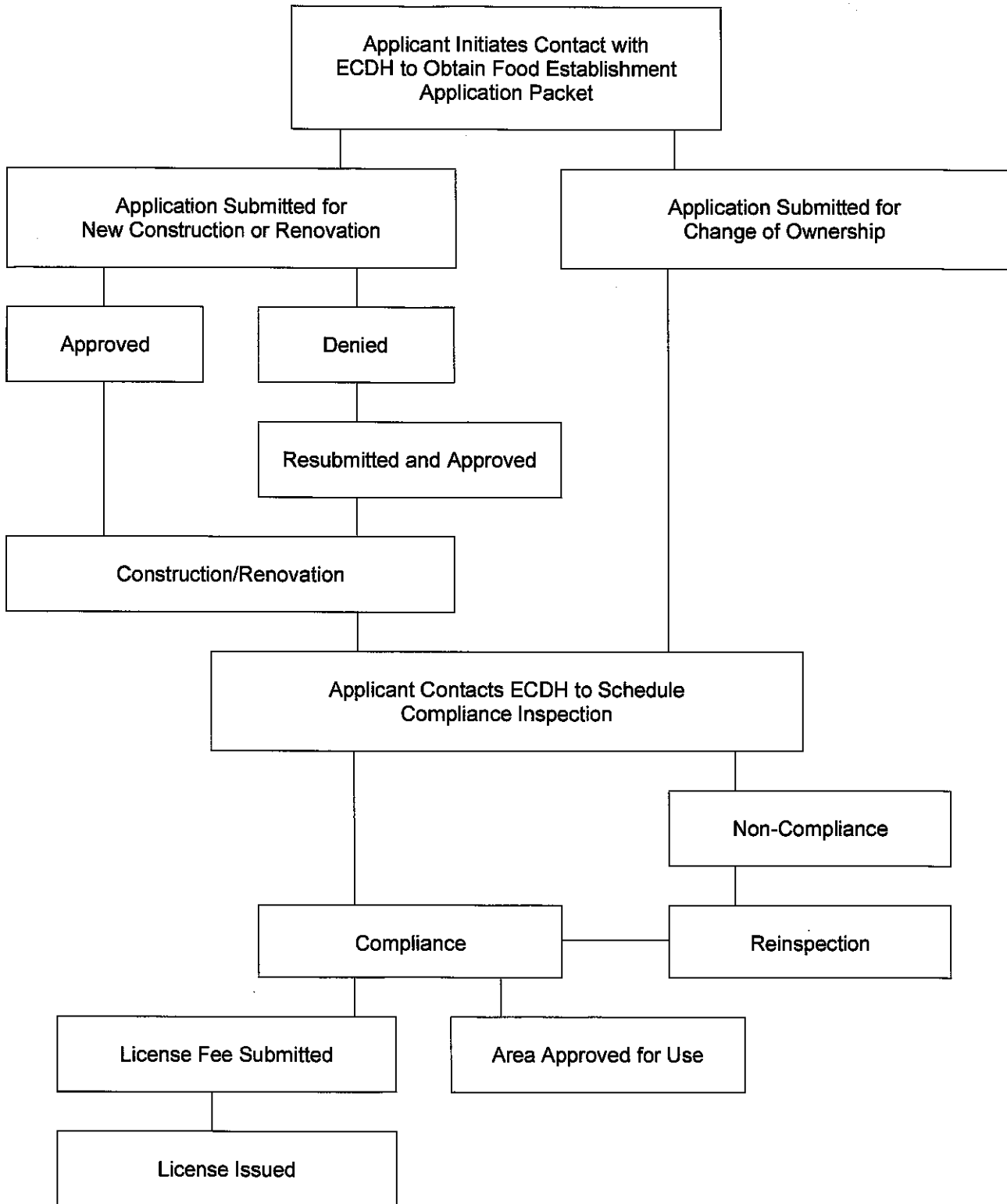
For questions or assistance please contact:

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](http://www.pacode.com/secure/data/007/chapter46/chap46toc.html)

Act 106 of 2010 can be viewed at [www.EatSafePA.com](http://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  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
PLEASE LIST ALL CATERING EQUIPMENT (IF APPLICABLE)				

# 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			