



COUNTY OF ERIE

DEPARTMENT OF HEALTH



Public Health
Prevent. Promote. Protect.

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

NOTE – application fees must be submitted at the time of application

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:

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

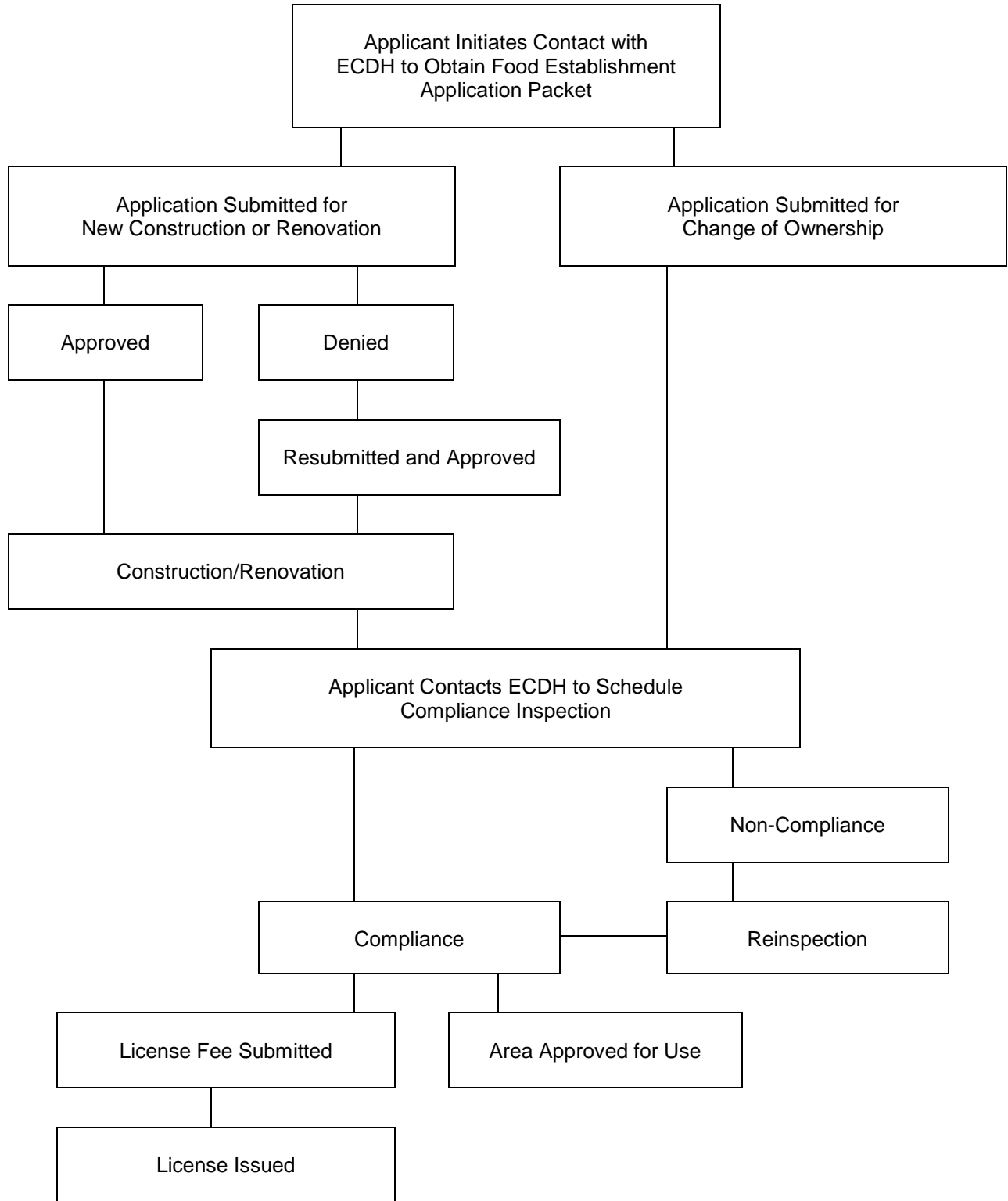
For questions or assistance please contact: Erie

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.

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 <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

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: Yes No