

**Chester County Health Department  
Bureau of Environmental Health Protection**

601 Westtown Road Suite 288,  
P O Box 2747  
West Chester, PA 19380-0990  
Telephone: 610-344-5938 Fax #: 610-344-5934  
[www.chesco.org/food](http://www.chesco.org/food)

**APPLICATION FOR LICENSE TO OPERATE  
A TEMPORARY FOOD FACILITY**

Application is, hereby, made for a License to Operate. By this Application it is agreed that the Temporary Food Facility will comply with the provisions of PA Act 106 of 2010 and Chester County Health Department Rules & Regulations applicable to this Temporary Food Facility. It is further agreed that said Temporary Food Facility shall be open to inspection by the County Health Department.

Send completed application and fee to the above address. Fees: **Fifty-Five Dollars (\$55.00) for 1-3 day events, Eighty-Five Dollars (\$85.00) for 4-7 day events, or One Hundred Twenty-Five Dollars (\$125.00) for 8-14 day events.** Events must be held at one site.

➤ **Tax-Exempt Organizations Note:** License Fee is Thirty-Five Dollars (\$35.00) for events up to 14 days. ◀

Make check or money order payable to, "**TREASURER OF CHESTER COUNTY**", **DO NOT SEND CASH.**

Application for License must be received by this Department at least **five business days** prior to the event to allow for the processing of paperwork and for inspections.

A **late fee** of \$25 (\$10 for non-profit) will be charged for those applications submitted within 5 business days of the event. Applications submitted within 1 business day of the event will not be accepted. The License is not transferable.

**SECTION 1**

**OPERATOR INFORMATION**

Name of Temporary Food Facility: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Physical Location of Event:

Address: \_\_\_\_\_

Municipality: \_\_\_\_\_

(Borough, City, Township)

Temporary Food Facility Operator's Business Designation\*: \_\_\_\_\_

Temporary Food Facility Operator's Address: \_\_\_\_\_

Temporary Food Facility Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Certified Food Manager (CFM): \_\_\_\_\_ Certificate Expiration Date: \_\_\_\_\_

As required by PA Act 106 of 2010 for the Food Facility for which Application is hereby being submitted, the following proof is enclosed that application has been made or receipt has been acquired of a Sales and Use Tax License or Exemption from the PA Department of Revenue. **Check appropriate box and enclose a copy.**

Sales and Use Tax License       Sales and Use Tax Exemption Certificate       Completed Sales Tax Application

I, \_\_\_\_\_, hereby, certify that the facts set forth on this application are true and correct  
(Print Name of Operator or Authorized Agent)  
to the best of my knowledge and understand that the submission of false or misleading information is grounds for legal action.

Date \_\_\_\_\_

(Signature of Operator or Authorized Agent)

(Title of Operator or Authorized Agent)

\* Operator is the entity who is legally responsible for the operation of the food facility, such as the owner, owner's agent or other person.

**FOR DEPARTMENTAL USE ONLY**

Amount Paid: \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Rec'd By \_\_\_\_\_ Receipt # \_\_\_\_\_ ID # \_\_\_\_\_

**Temp Event APP 1 11 13**





**Chester County Health Department  
Application for License to Operate a Temporary Food Facility**

7. What sanitizing agent will be used during utensil and ware washing? \_\_\_\_\_
8. What type of restroom facilities are available? \_\_\_\_\_
9. Solid and liquid waste disposal:
- a. Describe wastewater disposal/storage: \_\_\_\_\_
  - b. Type/number of garbage containers: \_\_\_\_\_
  - c. Who is responsible for garbage collection/removal? \_\_\_\_\_
10. If applicable, describe lighting at the facility: \_\_\_\_\_
11. What methods will be used to control dust and flying insects? \_\_\_\_\_  
\_\_\_\_\_

**SECTION 5 FOOD HANDLING PROCEDURES**

1. What hours will the CFM listed on Page 1 be at the facility? \_\_\_\_\_
2. Will food service gloves be provided?                    \_\_\_ Yes    \_\_\_ No (explain) \_\_\_\_\_
3. Will probe-type thermometers be provided?                    \_\_\_ Yes    \_\_\_ No (explain) \_\_\_\_\_
4. If undercooked or raw foods are to be served,  
will a consumer advisory be provided?                    \_\_\_ Yes    \_\_\_ No (explain) \_\_\_\_\_
5. How will food be restocked during the event? \_\_\_\_\_
6. What will be done with the leftover foods? \_\_\_\_\_

**SECTION 6 WATER INFORMATION**

1. What type of water supply will service the event?
- \_\_\_ a. Municipal or Public Utility Supply. Name of Supplier: \_\_\_\_\_
  - \_\_\_ b. On-Site Drilled Well.
    - Who is responsible for the well? \_\_\_\_\_
    - Where is the well located? \_\_\_\_\_
    - Results of a water sample taken from this well 14-30 days prior to the event must be submitted to this Department before the event.
  - \_\_\_ c. Bottled water only.

**SECTION 7 PETTING ZOOS AND SIMILAR  
COLLECTIONS OF ANIMALS ACCESSIBLE TO THE PUBLIC**

Are you aware plans for petting zoo(s) and/or similar collection(s) of animals that will be accessible to the public in connection with this event?    \_\_\_ Yes    \_\_\_ No

(explain) \_\_\_\_\_