

Haverford Township

1014 Darby Road Havertown, PA 19083 Phone: (610) 446-1000 Fax: (610) 446-1203 www.havtwp.org

Retail Food Facility Application

Facility Information

Name of Facility:				
Facility Street Address		City	State	Zip
Facility Phone Number		Alternate P	Phone Number	
Facility Email Address				
	Own	er Information		
Name of Owner:				
Mailing Address		City	State	Zip
Owner Phone Number		Owner Email Address		
	Billing Inf	ormation (Required)		
Name:				
Billing Address		City	State	Zip
Billing Email Address		Phone Number		
	Type of Servic	ee (Check all that apply):		
Retail Grocery Store	Dine-In Restaurant	Take-out/Dine-In Food	Bar/Club	
Catering	Convenience Store	Seasonal Operation	Bakery	
Frozen Dessert	Farmer's Market			
	Turner 5 Market			
		fering seating, list both):		
Anticipated Number of Empl	oyees Including Owner:			

Food Safety

Certified Food Manager (i.e. ServSafe) Name:	
Name of Course:	
License Number:	Expiration Date:
Do you have an employee health policy? Yes No	o
Do you plan on serving any foods raw or cooked to order?	Yes No
If yes, do you have a consumer advisory on your menu? Yes	No
Do you have an employee policy for cleanup of vomiting or diarrheal evo	ents in the facility? Yes No
Do you have a cleaning schedule in place to maintain proper sanitary cor	nditions? Yes No
<u>Refuse</u>	
Food Facility Refuse Collector:	
Any Other Refuse/Waste Collection (i.e. grease collection):	
License and Inspec	ction Fees
Retail Food Establi	<u>ishment</u>
Floor Area in Square Feet:	Fees
Less than 1500	\$100.00
1501-2500	\$250.00
2501-5000	\$300.00
5001-7500	\$390.00
7501-10,000	\$515.00
10,001-15,000	\$665.00
15,001 or greater	\$815.00
Retail Food Facility offering take-out or sit-down dining	Applicable fee + 200.00
Commissaries (Including Caterers)	\$250.00
Eating and Drinking Es	<u>stablishment</u>
Sit Down Dining	Fees_
Less than 49 seats	\$200.00
50-199 seats	\$250.00
200 or more seats	\$350.00
Take-out facilities (no seating)	\$200.00
Bakery Only	\$100.00