



**APPLICATION FOR
HEALTH LICENSE
TOWNSHIP OF MUHLENBERG
210 George Street
Reading, PA 19605
(610) 929-4727**



INSTRUCTIONS: (Please PRINT or TYPE all information)

_____ Application Date

1. Complete both sides of the Health License application form. Incomplete forms will delay processing.
1. Determine License Fee as defined on reverse side
2. Make check or money order payable to TOWNSHIP OF MUHLENBERG (Do not send cash)
3. Mail completed application and payment to: Muhlenberg Township, 210 George Street, Reading, PA 19605

BUSINESS INFORMATION

Business Name: _____

Business Address: _____

Business Phone: () _____ Business General Email: _____

Business Owner Name: _____ Business Owner Address: _____

Business Owner Phone: () _____ Business Owner Email: _____

Food & Beverage License Type (see back for descriptions) _____

Liquor License # (if applicable) _____

INFORMATION FOR PROPERTY LOCATED IN MUHLENBERG TOWNSHIP

Same as Business Owner? YES No (if no, fill in property owner/landlord information below)

Property **Owner**: Last Name _____ First Name _____

Property **Owner** Address: _____

Property **Owner** Email: _____ Property Owner Phone: () _____

ADDRESS TO BE USED FOR MAILING PURPOSES (PLEASE COMPLETE ALL LINES – DO NOT WRITE “SAME AS ABOVE”)

Name: _____

Address: _____

E-Mail Address: _____

Signature: _____ Name Printed: _____

Title: _____

Additional information required for retail food establishments:

TYPE OF BUSINESS (check one):

___ Co-op ___ Corporation ___ Limited Liability Company ___ Limited Liability Partnership
 ___ Non-Profit ___ Partnership ___ Sole Proprietorship

TYPE OF SERVICE (Check all that apply):

- Retail Grocery Store Farmer Market Stand (immediate consumption foods) Dine-In Food Service
 Take-Out Food Service Catering Convenience Store Mobile Facility Church/Fire Hall/Non-profit
 Bar / Club On-the-Farm Retail Store School Organized Camp Salvage Food Frozen Dessert

NUMBER OF SEATS (mark "0" if no seats): ___ inside ___ outside

TYPE OF WATER SUPPLY (check one): ___ Public ___ Non-Public (MUST PROVIDE DEP WATER TEST)

NAME OF WATER SUPPLIER: _____ **NAME OF REFUSE COLLECTOR:** _____

HOURS OF OPERATION (check one): Open all year Open _____ (month) to _____ (month)

DAYS OF OPERATION & TIME (Check days which apply & complete time facility is open):

- Monday Time _____ Friday Time _____
 Tuesday Time _____ Saturday Time _____
 Wednesday Time _____ Sunday Time _____
 Thursday Time _____

TYPE OF MENU (Check all that apply): Full Service Menu (numerous items) **** attach menu**

- Limited Menu (a few items) **** attach menu** Specific Food Items(list items) _____
 Full Service Grocery with Departments: Bakery Deli Café Produce Meat Seafood Dairy
 Other, list _____

Do you plan on serving any raw animal food undercooked, raw, or cooked to order? YES NO

List: _____ If yes, is a consumer advisory on your menu? YES NO

Do you have a Certified Food Manager on Staff? YES NO Exempt (non-profit) or other exempt facility

If YES: **Please attach a copy of the National Certificate**

If NO: Do you have a Person-In-Charge enrolled in Food Safety Training? YES NO

If YES, Name, Date, and Location of Course _____

Do you have an employee Health policy? YES NO

Do you have an employee policy for Cleanup of Vomiting or Diarrheal Events in the facility? YES NO

Food & Beverage License and Inspection (includes 1 inspection and 1 re-inspection if needed)	
• Non-Profits (must provide a copy of their 501-c-3)	\$10.00
• Vendor - Temporary (2 weeks or less)	\$100.00
• Vendor – Temporary (charitable event)	\$35.00
• Mobile Units	\$150.00 per unit
• License of a retail food facility that has a seating capacity of less than fifty (50)	\$150.00
• License of a retail food facility that is not described above	\$300.00
Duplicate license for each retail food facility location	\$25.00
• Third and subsequent follow-up inspections – cost per inspection	\$300.00
• Food Merchant operating in buildings exceeding 30,000 sq. feet	\$500.00
• Food & Beverage License Late Payment Fee (set by ordinance)	License Fee is doubled if not paid by due date