

CITY OF FRANKLIN

430-13th Street, Franklin, PA 16323
www.franklinpa.gov

RETAIL FOOD FACILITY LICENSE APPLICATION AND PLAN REVIEW

All necessary forms and applications must be fully completed to obtain a license from the City of Franklin. Return all necessary documentation to the City of Franklin, 430 Thirteenth Street, Franklin, PA 16323 - FAX 814.437.3735. ALL documentation must be reviewed & approved by the City prior to work beginning; which includes, but is not limited to: construction, remodeling, alteration, change in use, new ownership, or the preparation/sale of foods from a retail food facility.

SECTION 1: COMPLETE AND MOVE TO SECTION 2

PURPOSE OF THE PLAN REVIEW

LICENSE TYPE: **RETAIL FOOD FACILITY-PERMANENT**

THIS FACILITY IS A: Permanent Structure/Building OR Mobilized Unit (any operation the moves around)

PLEASE SELECT ANY THAT APPLY:

- New Food Facility Change of Ownership for an Existing Operating Facility
 Remodel of an Existing Operating Facility Change of Food or Operation Type for an Existing Operating Food Facility
 Other, Describe _____

SECTION 2: COMPLETE AND MOVE TO SECTION 3 (MUST BE FULLY COMPLETED)

FACILITY INFORMATION

NAME OF FACILITY: _____

ADDRESS OF FACILITY:

Street Number and Name City State Zip Code

County Township/Borough

() _____
Phone Number Fax Number

Email Address () _____
Cell Number or Alternate Phone Number

MAILING ADDRESS (If Other Than Above):

Street Number and Name Street Address City/State Zip Code

PROPRIETOR/OWNER TYPE: SOLE PROPRIETOR CORPORATION LIMITED LIABILITY COMP. (LLC)
 PARTNERSHIP NON-PROFIT OR NOT-FOR PROFIT

**PLEASE FILL IN THE DETAILED INFORMATION ON YOUR PROPRIETORSHIP
ON PAGE 5 OF THIS APPLICATION.**

SECTION 3: IF A CHANGE OF OWNERSHIP FOR EXISTING FACILITY/NO CHANGES TO FACILITY, SKIP THIS SECTION AND MOVE TO SECTION 5. IF A REMODEL ONLY IN SECTION 1, SIGN, ATTACH REMODEL PLANS* AND MOVE TO SECTION 5. ALL OTHERS SIGN, ATTACH FULL PLANS, AND MOVE TO SECTION 4.

FACILITY FLOOR PLAN & EQUIPMENT LIST

All facilities must submit **ONE** copy of a facility floor plan/layout. **EXCEPT** for CHANGE OF OWNERSHIP FOR AN EXISTING FACILITY **WHERE NO CONSTRUCTION, REMODELING, OR CHANGES ARE GOING TO OCCUR**. This plan must include the basic lay out of the facility, the location of all food service equipment, a listing of the equipment (including manufacturer’s names and model numbers), water and sewer connection locations, restroom locations and fixtures, lighting schedules, surface or finish coat materials of floors, walls and ceilings, and site plan showing exterior building structures (including storage areas, trash receptacles, outside refrigeration units, etc...). Plans may hand drawn, to approximate scale, neat and legible. Plans will not be returned to you. Commonwealth regulations prohibit the use of lead pipe, lead-based solder and fitting in potable water drinking systems after January 6, 1991. The Department has provided a guideline for your assistance in complying with this section of the application.

**Remodel facilities only, need only submit a floor plan and the list of equipment for the specific area(s) of the food facility that is affected by the remodel.*

I have attached the appropriate floor plan AND equipment list to this application.

Applicant Signature _____

SECTION 4: COMPLETE THIS SECTION AND MOVE TO SECTION 5

WATER, SEWER, WASTE INFORMATION

WATER: The facility is on, or will use: (Check which one applies)

- A public / municipal water supply.
Supplier: _____
- A non-public / non-municipal / private water supply (example: well water). These water supplies must be approved by DEP, Department of Environmental Protection (717-783-2300). Written documentation must be provided. **A current water test must be provided.**
- Various water supplies because this is a mobile unit and not filling at one location each time. Operators must always use approved and tested water supplies.

A Current Water Test is Attached and / or I Understand that it is My Responsibility to use ONLY Approved & Tested Water Supplies if Mobile.

Applicant Signature _____

SEWER: The facility is on: (Check which one applies)

- A municipal/public sewage disposal system. Name of Sewage Authority : _____
- A non-public sewage disposal system (examples; Sand mounds, holding tanks). For on-lot sewage disposal systems, written documentation from a certified Sewage Enforcement Officer stating that the sewage system is operating in a legal manner and with no apparent violations is required. This approval does not apply if the facility is connected to an approved municipal supply, as listed above.

I have attached written documentation for my on-lot sewage disposal system.

Applicant Signature _____

- For Mobile Units: Appropriate sewage/waste holding tanks that will be disposed of at approved sewage disposal sites.

REFUSE: (Check all that apply & complete fully)

- The food facility refuse collector is _____ (company name)
- List any other refuse or waste collection companies (ex: grease collection) _____
- This facility is a mobile unit and will use various approved refuse sites for disposal of refuse and waste.

SECTION 5: COMPLETE AND MOVE TO SECTION 6. IF A REMODEL ONLY, SALES TAX INFORMATION IS NOT REQUIRED

ZONING AND OTHER CODES

(Signature is required to affirm compliance with the appropriate requirements.)

- Facility/Unit is Compliant with Local Zoning requirements. .
- Facility/Unit is Compliant with All Building Code requirements (electrical, plumbing, ventilation, structural, etc).
- A license to collect sales tax has been obtained or applied for. For information on applying for a sales tax license, contact the Pennsylvania Department of Revenue - (717) 787-8201. A copy of the sales tax license or proof of application is attached to this application.
- According to the PA Department of Revenue, my business is exempt from collection of sales tax.

I certify that the facility is compliant with the above checked requirements and any required supporting documentation is attached.

Applicant Signature _____

SECTION 6: COMPLETE AND MOVE TO SECTION 7

CONSTRUCTION/STRUCTURAL INFORMATION

No Construction or Changes to the Existing facility. List current floor, wall and ceiling finishes: (This may be included on your floor plans or the provided pages. Example: floor is ceramic tile)

- Equipment Change or Addition Only Minor Construction Major or New Construction

ALL CONSTRUCTION AND FINISH COAT CHANGES MUST BE ADDRESSED ON YOUR PLANS OR DRAWING. THIS WOULD APPLY TO YOUR GENERAL STRUCTURE AND FLOORS, WALLS AND CEILING MATERIALS. SEE ATTACHED GUIDELINES. AESTHETIC CHANGES, SUCH AS PAINTING, CARPET CHANGES, AND DECORATION CHANGES NEED NOT BE ADDRESSED.

SECTION 7: COMPLETE AND MOVE TO SECTION 8

FACILITY SERVICE INFORMATION

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

- | | | | |
|------------------------------------|------------|-----------------------------------|------------|
| <input type="checkbox"/> Monday | Time _____ | <input type="checkbox"/> Friday | Time _____ |
| <input type="checkbox"/> Tuesday | Time _____ | <input type="checkbox"/> Saturday | Time _____ |
| <input type="checkbox"/> Wednesday | Time _____ | <input type="checkbox"/> Sunday | Time _____ |
| <input type="checkbox"/> Thursday | Time _____ | | |

If mobile: Events or locations you routinely attend or set up/sell at:

TYPE OF SERVICE (Check all that apply)

- Retail Grocery Store Farmer Market Stand Convenience Store
- Dine-In Food Service Take-Out Food Service Catering
- Mobile Facility Church/Fire Hall/Non-profit Bar / Club On-the-Farm Retail Store
- School Organized Camp Salvage Food Frozen Dessert
- Other, Describe: _____

TYPE OF MENU (Check all that apply)

- Full Service Menu **** attach menu** Limited Menu **** 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 food undercooked or raw? YES NO
List: _____

Do you have or have you applied for a liquor license? YES NO

PROJECTED SEATING CAPACITY

Number of seats = _____ (mark "0" if there are no seats in the facility. Include outside seating)

Patron served daily (projected) = _____

EMPLOYEE INFORMATION

Anticipated # of employees/volunteers, including owner = _____

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

If NO, you will have 90 days from the date your license/registration is issued to make arrangement to send a supervisory level employee to training. _____

Do you have an employee health policy? YES NO

An employee health policy establishes how to handle ill employees, See Sections 46.111 thru 46.115 of the Food Code for clarification. If NO, prior to opening an employee health policy must be established, either in writing or verbal, and presented to every employee of the establishment.

SECTION 8: COMPLETE AND MOVE TO SECTION 9

FACILITY OPENING

Anticipated date of opening and/or ownership settlement of the facility and/or remodeling completed. _____ (date)

There are NO fees associated with this Plan Review Application.

License and Registration fees should be mailed to the City of Franklin, Code Enforcement Office, 430 - 13th Street, Franklin, PA 16323.

- Restaurants, Schools and For-Profit - \$50.00
- Non-Profit -\$25.00
- Grocery with Restaurant -\$125.00
- Grocery without Restaurant - \$75.00
- Re-inspection (by request or requirement) - \$100.00
- Retail Food Facility Licenses (duplicate) - \$10.00

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OFFICIAL USE ONLY

LICENSE TYPE: Retail Food License LICENSE EXEMPT

STANDARDS FOR REVIEW: PERMANENT MOBILE

APPROVAL

PLANS APPROVED, DATE _____ PLANS DENIED, DATE _____

Reasons for denial: _____

REVIEWING SANITARIAN _____