

Middletown Township / Health Department  
27 N. Pennell Road  
Media, PA 19063  
610-565-2700  
FAX: 610-566-3640  
www.Middletowndelcopa.gov



**FOR OFFICIAL USE ONLY**

Payment Received \_\_\_\_\_

Expires \_\_\_\_\_

License# \_\_\_\_\_

**TOWNSHIP OF MIDDLETOWN  
BOARD OF HEALTH**

**APPLICATION FOR LICENSE AND INSPECTION FEE**

Application is hereby made for a license to operate. By this application it is agreed that the establishment will comply with the provisions of the Middletown Township Health Department Rules and Regulations applicable to this type of establishment. It is further agreed that said establishment shall be open to inspection by the Middletown Township Health Department. **Any changes in application, owner/manager must contact Health Office (vendor change, frequency of trash pick-up, etc.). Contractors must be registered and obtain necessary permits with Middletown Township in order to work in your establishment.**

Application for license renewal shall be made at **least one month** before expiration of existing license. **The license is not transferable.** Failure to submit application prior to expiration shall result in issuance of citation and fines.

**PLEASE PRINT**

**Establishment**

**Proprietor's\*/Corporate Contact**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Manager's Name \_\_\_\_\_

Sq. Foot \_\_\_\_\_

Address \_\_\_\_\_

**Establishment Telephone** \_\_\_\_\_

**Establishment Fax** \_\_\_\_\_

Estimated #of Patrons Per Day \_\_\_\_\_

Email address \_\_\_\_\_

Establishment hours \_\_\_\_\_

Do you have a certified Food Manager? \_\_\_\_\_

Name: \_\_\_\_\_

CFM Certificate # \_\_\_\_\_

Total # of employees \_\_\_\_\_

Expiration Date \_\_\_\_\_

**Please attach a copy of certificate)**

**ESTABLISHMENT REQUIREMENTS**

\_\_\_\_\_

\_\_\_\_\_

Give name & address of your **PRIVATE GARBAGE/REFUSE COLLECTOR** \_\_\_\_\_

How often are collections made \_\_\_\_\_

Give name and **Phone number** of your **RECYCLING COLLECTOR** \_\_\_\_\_

**COMMERCIAL ESTABLISHMENTS ARE REQUIRED TO RECYCLE ACCORDING TO RECYCLE & WASTE (ACT PA 101)**

How often are collections made? \_\_\_\_\_

Give name and address of your **EXTERMINATING SERVICE** \_\_\_\_\_

How often are establishments exterminated \_\_\_\_\_

Give name and **Phone number** of your Plumbing Contractor \_\_\_\_\_

Is Plumber registered to work in Middletown? \_\_\_\_\_

**As required by PA Act 62 of 1992, all new establishments applying for license must submit proof 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 one and enclose copy):**

- \_\_\_\_\_ Sales & Use Tax License;      \_\_\_\_\_ Sales & Use Tax Exemption Certificate;
- \_\_\_\_\_ Completed Sales Tax Application;      \_\_\_\_\_ Annual Mercantile Tax paid \$\_\_\_\_\_

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

\_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Proprietor\* or Authorized Agent)

\_\_\_\_\_ (Title of Proprietor or Authorized Agent)

**\*Proprietor** is defined as the person, partnership, association or corporation conducting a public food service facility. **If ownership is a partnership or corporation attach a list of all partners or corporate officers along with their home addresses and phone numbers.**

**Attention: \*\*If any of your food is prepared off the premises include a copy of the current license and latest inspection of the establishment where the food is prepared, as well as verification by the establishment owner that your food is being prepared there. Your application will not be considered without these documents.**

**INSPECTION DATE** \_\_\_\_\_

**LICENSE SENT** \_\_\_\_\_