



DELAWARE COUNTY HEALTH DEPARTMENT INSTITUTION CERTIFICATION APPLICATION

Please **PRINT** in all fields. Incomplete applications will be returned and will delay processing time/issuance of license.

Check (✓) type of application:

- Initial Application Change of Ownership Renewal Application

Check (✓) type of Institution:

- School No Higher than Kindergarten School Day Care Facility
 Hospital Long Term Care Facility

Facility Information

Facility Name:			
Street Address:			
City:	State: PA	Zip:	Municipality:
Contact Name for Facility:			Phone:
Fax:	Mobile:	Email:	

Licenses and Invoices will be mailed to the Facility Mailing Address

Owner Information

Owner Name:			
Street Address:			
City:	State:	Zip:	Phone:
Fax:	Mobile:	Email:	

ALL NEW FACILITIES UNDERGOING A CHANGE IN OWNERSHIP ARE REQUIRED TO HAVE A PLAN REVIEW APPROVED BY THIS DEPARTMENT PRIOR TO APPLYING FOR A LICENSE.

If Change of Ownership, former name of facility: _____

Former owner name: _____

If applicable, enter the plan review number here: _____

Facility Information:

Does the facility have a Pool or Spa? Yes No

If yes, please provide Pool or Spa Certificate # issued by the DCHD. _____

Does the facility serve food? Yes No

If yes, please provide food facility license # issued by the DCHD. _____



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License Type – Check the appropriate License type:

✓	<u>License Type</u>	<u>Fee</u>
✓	School	\$237
	School No Higher Than Kindergarten	\$142
	Day Care Facility	\$142
	Hospital	\$285
	Long Term Care Facility	\$285

Establishment Information

Water Supply: Municipal On-Site Well
 Sewage: Public On-lot Sewage

Application fee \$_____ See fee schedule. Fee **MUST** be filed with application. All checks and money orders are made payable to **Delaware County Health Department.**

Application is hereby made for license to operate a food service establishment in Delaware County. By signing this application, you certify that the facts set forth on this application are true and correct, understanding that the submission of false or misleading information is grounds for suspension or revocation of license. Also, you agree that the establishment will comply with the Delaware County Public Health Code.

Print name of owner/authorized agent

Signature of owner/authorized agent

Date

DCHD
DELAWARE COUNTY HEALTH DEPARTMENT

TO BE COMPLETED BY EHS ONLY		
Fee Due:	Payment Method:	Payment Date:
EHS Approval Sign:	EHS Approval Name:	Approval Date:



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Checklist

1. Obtain an application from the Delaware County Health Department (DCHD) [website](https://www.delcopa.gov/health/environmentalhealth.html)
(<https://www.delcopa.gov/health/environmentalhealth.html>)
Please use the Institution Application
2. Complete the application (please type or print legibly to prevent delays)
3. Provide supporting documentation:
 - Most recent certificate issued by DCHD or local Delaware County municipality
 - If the Facility has a Pool/Spa, a copy of a valid Pool/Spa Certificate issued by the DCHD
 - If the Facility serves food, a copy of a valid Food License issued by the DCHD
4. Required fee- check, money order, or credit card payments are accepted
See fee schedule
5. Submit application packet and fee to DCHD:
 - Hand-deliver Monday-Friday 8:30 AM - 4:30 PM:
1510 Chester Pike, Baldwin Towers 7th Fl, Suite 700, Eddystone, PA 19022
 - Mail:
Delaware County Health Department- Environmental Health Division
1510 Chester Pike
Baldwin Towers 7th Fl, Suite 700
Eddystone, PA, 19022
Phone: 484-276-2100

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