



# DELAWARE COUNTY HEALTH DEPARTMENT

## MOBILE FOOD FACILITY LICENSE 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

Renewal Application

### Facility Name and Address

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**

### Facility Owner Information

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

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

If Applicable enter the plan review number here: \_\_\_\_\_

If Change of Ownership, former name of Facility: \_\_\_\_\_

Former Facility Owner Name: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_

### Type of Mobile Food Facility:

- Truck
- Trailer Hitch Unit
- Pushcart Stand
- Foot Peddler
- Other: \_\_\_\_\_

Location of readily available restrooms \_\_\_\_\_

Vending Locations \_\_\_\_\_

### Please include a copy of the following items with your application:

- Food Safety Manager Certification
- Commissary Inspection
- Commissary License
- Proof of Vehicle Inspection
- Proof of Vehicle Registration
- Proof of Vehicle Insurance



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### Commissary Information

<b>Commissary Name:</b>		
Facility Street Address:	Facility City, Zip Code:	Municipality:
Facility Telephone:	Facility E-mail:	Facility Website:
<b>Commissary Owner:</b>	Days & Hours Reporting to Facility:	Food Storage Location:
Commissary Facility Water Supply: <input type="checkbox"/> Municipal <input type="checkbox"/> Well	Commissary Facility Sewage Disposal: <input type="checkbox"/> Municipal <input type="checkbox"/> Septic	<i>If Commissary Facility is Using Well/Septic</i> <input type="checkbox"/> Well Permit #: _____ <input type="checkbox"/> Septic Permit #: _____

The above Commissary is used for the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Food Storage and/or Food Preparation | <input type="checkbox"/> Supplies                       |
| <input type="checkbox"/> Fresh Water Supply                   | <input type="checkbox"/> Cleaning of Equipment/Utensils |
| <input type="checkbox"/> Grey Water Disposal                  | <input type="checkbox"/> Solid Waste Disposal           |

Is this Commissary inspected by the Delaware County Health Department?  YES  NO

*A copy of the most recent food license and inspection report for the Commissary must be included with this application.*

License Type – Check the appropriate License type:

	<u>License Type</u>	<u>Fee</u>
✓	Mobile Food Facility	\$261
	Mobile Retail Outlet (Commercially Prepacked Foods Only)	\$190

**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. You indicate that you have complied with applicable provisions of Act 62 of 1992, which requires any person applying for a food establishment license in the Commonwealth to apply for a sales and use tax license or exemption certificate from the Pennsylvania Department of Revenue.

\_\_\_\_\_  
Print name of owner/authorized agent

\_\_\_\_\_  
Signature of owner/authorized agent

\_\_\_\_\_  
Date

TO BE COMPLETED BY EHS ONLY		
<b>Fee Due:</b>	<b>Payment Method:</b>	<b>Payment Date:</b>
<b>EHS Approval Sign:</b>	<b>EHS Approval Name:</b>	<b>Approval Date:</b>



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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:
4. Please include a copy of the following items with your application.

- Food Safety Manager Certification
- Commissary Food License
- Commissary Most Recent Inspection Report
- Proof of Vehicle Inspection
- Proof of Vehicle Registration
- Proof of Vehicle Insurance

5. Required fee- check, money order, or credit card payments are accepted

See fee schedule

6. Submit application packet and fee to DCHD:

- Hand-deliver Monday-Friday 8:30 AM - 4:30 PM:  
1510 Chester Pike, Baldwin Towers 7<sup>th</sup> Fl, Suite 700, Eddystone, PA 19022
- Mail:  
Delaware County Health Department- Environmental Health Division  
1510 Chester Pike  
Baldwin Towers 7<sup>th</sup> Fl, Suite 700  
Eddystone, PA, 19022  
Phone: 484-276-2100