Rev. 02/2015

Pennsylvania Department of Agriculture
Bureau of Food Safety and Laboratory Services
717-787-4315
www.EatSafePA.com

Dear Custom Butcher:

Enclosed are the necessary forms and applications for obtaining a Registration from the Pennsylvania Department of Agriculture. Please be advised that according to The Food Safety Act of 2010 (3 C.S. §§5721 – 5737), "…it shall be the duty of every person operating a food establishment within this Commonwealth to register…"

The enclosed material must be fully completed, returned with all necessary accompanying documentation, and reviewed by the appropriate Food Sanitarian and/or Food Sanitarian Supervisor with the Bureau of Food Safety & Laboratory Services **prior to work begun in construction, remodeling, alteration of a facility, change in type of food operation, new ownership or the preparation/sale of foods from a retail food facility AND at LEAST 60 days prior to opening.** Please note failure to provide all required information could delay your plan approval. Return all materials to your regional office (see below, as listed by county).

The Department of Agriculture, Regional Food Sanitarian and/or Supervisor, will review the plans and notify you of its approval. If your plans are disapproved, you will receive a written letter stating the reasons for the application / plan disapproval. Applications can be resubmitted at any time. Please allow 3 – 4 weeks for processing. Once you receive your approval, notify your Food Sanitarian or regional office at least **ten (10) days prior** to operation to arrange a licensing inspection.

Sincerely,

The Bureau of Food Safety & Laboratory Services Staff

MAILING ADDRESSES: **The Pennsylvania Department of Agriculture**
Bureau of Food Safety and Laboratory Services
Followed by the address below….

Region 1 (Clarion, Crawford, Elk, Erie, Forest, Jefferson, McKean, Mercer, Venango and Warren)
13410 DUNHAM RD, MEADVILLE PA 16335 814-332-6890 Fax: 814-333-1431

Region 2 (Cameron, Clinton, Columbia, Lycoming, Northumberland, Montour, Potter, Snyder, Tioga and Union)
542 COUNTY FARM RD, SUITE #102, MONTOURSVILLE PA 17754 570-433-2640 Fax: 570-433-4770

Region 3 (Bradford, Carbon, Lackawanna, Luzerne, Monroe, Pike, Sullivan, Susquehanna, Wayne and Wyoming)
RT 92 SOUTH, PO BOX C, TUNKHANNOCK PA 18657 570-836-2181 Fax: 570-236-6266

Region 4 (Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington and Westmoreland)
226 DONOHOE RD, SUITE 101, GREENSBURG PA 15601 724-832-1073 Fax: 724-832-1013

Region 5 (Bedford, Blair, Cambria, Centre, Clearfield, Fulton, Huntingdon, Juniata, Mifflin and Somerset)
Martinsburg Commons 403 E. Christiana St. Martinsburg PA 16662 814-793-1849 Fax: 814-793-1869

Region 6 (Adams, Cumberland, Dauphin, Franklin, Lebanon, Lancaster, Perry and York)
ROOM 100, 2310 NORTH CAMERON ST., HARRISBURG PA 1711 717-346-3223 Fax: 717-346-3229

Region 7 (Berks, Bucks, Chester, Delaware, Lehigh, Montgomery, Northampton, Schuylkill, Philadelphia)
1015 BRIDGE RD, COLLEGEVILLE PA 19426 610-489-1003 Fax: 610-489-6119

Pennsylvania Department of Agriculture
Bureau of Food Safety and Laboratory Services
717-787-4315

APPLICATION FOR WHOLESALE FOOD ESTABLISHMENTS PROCESSING/MANUFACTURING, WAREHOUSE/DISTRIBUTION

The Food Safety Act of 2010 (3 C.S §§5721 - 5737) states "…….it shall be the duty of every person operating a Food Establishment within this Commonwealth to register….." with the Department. Registration shall occur prior to the processing, distribution or sale of food, and food establishments ***may*** label their products with the approved abbreviation "Reg. Penna. Dept. Agr."

PLEASE COMPLETE ALL INFORMATION AND SUBMIT TO THE DEPARTMENT
This Application is intended for one Establishment Location only.

SECTION 1 -- PURPOSE OF THE APPLICATION

APPLICATION FOR: **CUSTOM BUTCHER**: A food establishment, as defined by USDA, that slaughters and custom prepares meats and part thereof at the request of a consumer. All portions of the meat must be returned to the original consumer. No portion of the custom processed meat may be offered for sale or consumption to other customers or utilized as an ingredient in any other food product offered to other customers other than the original owner of the animal or meat.

> *Slaughtering by any person of animals of his own raising, and the preparation by him and transportation in commerce of the carcasses, parts thereof, meat and meat food products of such animals exclusively for use by him and members of his household and his nonpaying guests and employees;*
>
> *The custom slaughter by any person, firm, or corporation of cattle, sheep, swine or goats delivered by the owner thereof for such slaughter, and the preparation by such slaughterer and transportation in commerce of the carcasses, parts thereof, meat and meat food products of such animals, exclusively for use, in the household of such owner, by him and members of his household and his nonpaying guests and employees;*
>
> *The custom preparation by any person, firm, or corporation of carcasses, parts thereof, meat or meat food products, derived from the slaughter by any person of cattle, sheep, swine, or goats of his own raising, or from game animals, delivered by the owner thereof for such custom preparation, and transportation in commerce of such custom prepared articles, exclusively for use in the household of such owner, by him and members of his household and his nonpaying guests and employees.*

***Note: All Custom Butchers should additionally contact USDA (US Department of Agriculture) to register.**
***Note: This application is for Custom Butcher Facilities ONLY. If you are a Retail Butcher Shop, a Wholesale Operation or any combination thereof, this is NOT the application you should fill out. Please contact us at 717-787-4315 for details.**

PLEASE SELECT ANY THAT APPLY:

☐New Establishment (not currently Registered) ☐Change of Ownership ☐Remodel

SECTION 2 --ESTABLISHMENT INFORMATION

NAME OF ESTABLISHMENT: _____

PHYSICAL ADDRESS OF ESTABLISHMENT:

_____
Facility Street Number and Name City State Zip Code

_____ _____
Facility County Township/Borough

__(_____)_____ ____(_____)_____
Facility Phone Number Facility Fax Number

_____ ____(____)_____
Email Address Cell Number or Alternate Phone Number

MAILING ADDRESS (If Other Than Above):

_____ _____ _____ _____
Street City State Zip Code

PROPRIETOR/OWNER TYPE: ☐ SOLE PROPRIETOR ☐ PARTNERSHIP ☐ NON-PROFIT OR ASSOCIATION
☐ LIMITED LIABILITY CO (LLC) OR PARTNERSHIP (LLP) ☐ CORPORATION

LEGAL OWNER MAILING ADDRESS (If different than above mailing address):

_____ _____ _____ _____
Owner Street Number City State Zip Code

__(_____)_____ ____(_____)_____ _____
Owner Phone Number Owner Fax Number Owner E-Mail Address

PLEASE FILL IN THE DETAILED INFORMATION ON OWNER / PROPRIETORSHIP ON PAGE 6 OF THIS APPLICATION

SECTION 3 --WATER, SEWER, WASTE INFORMATION

WATER: The Establishment is using: (Check which <u>one</u> applies)

☐A public / municipal water supply.
Water Supplier:_____

☐ Non-municipal / private water supply (example: well water) regulated by DEP. These water supplies <u>must</u> be reviewed by DEP to determine if they are "public" water systems. DEP, Department of Environmental Protection, can be reached at 717-787-9633. Submit written documentation of DEP regulated public water supply, such as your assigned Public Water Supply (PWS) number. Change of owners must contact DEP to update information even is a PWS number exists for the facility.

☐ Non-public water supply (one not regulated by DEP). A coliform and nitrate/nitrate test must be performed and a current water test **must be attached to this application**.

SEWER: The Establishment is using: (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, please contact the certified Sewage Enforcement Officer for your municipality and discuss if the current sewage disposal

system is appropriate for your food establishment. This would not apply if the establishment is connected to an approved municipal supply, as listed above.

I contacted my municipality regarding my on-lot sewage disposal system on _____ (date). To the best of my knowledge the on-lot system is approved and adequate for the Food Establishment and is operating properly.

Applicant Signature_____

REFUSE:

☐The Food Establishment refuse collector is _____(company name)
☐List any other refuse or waste collection companies (ex: grease collection, food scraps, etc...)
_____

SECTION 4--ZONING AND OTHER CODES

Please reach and check each appropriate box.

☐Establishment is Compliant with Local Zoning requirements.
☐Establishment is Compliant with All Building Code requirements (electrical, plumbing, ventilation, structural, etc).

AND

☐A license to collect PA State sales tax has been obtained or applied for. For information on applying for a PA State sales tax license, contact the Pennsylvania Department of Revenue - (888) PATAXES or www.revenue.state.pa.us
OR
☐ According to the PA Department of Revenue rules and regulations, I have determined that my business is exempt from collection of sales tax.

I certify that this Food Establishment is compliant with the above checked requirements and is true and accurate. (Signature is required to affirm compliance with the appropriate requirements.)
Applicant Signature_____

SECTION 5 -- ESTABLISHMENT INFORMATION

PART A:

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

☐Monday Time _____
☐Tuesday Time _____
☐Wednesday Time _____
☐Thursday Time _____
☐Friday Time_____
☐Saturday Time_____
☐Sunday Time_____

PART B

TYPE OF OPERATION

Briefly describes the product(s) you will be processing or butchering at this location:

_____
_____
_____
_____

PLANS: Although not required by Law, New Food Establishments that would like the Department to review and provide comments on plans for their establishment may voluntarily submit a blue print – or hand-draw sketch – of the proposed food establishment layout and/or a listing of proposed equipment.

PART C

HEALTH POLICY: Do you have an employee health policy? ☐YES or ☐NO
An employee health policy establishes how to handle ill employees, including you. If NO is checked, prior to opening an employee health policy must be established, either in writing or verbal, and presented to every employee of the establishment.

SECTION 6-- ALL APPLICANTS COMPLETE

ANTICIPATED START DATE: _____

This application and all other requested materials, as listed above, should be **submitted to your local Regional Office**, as listed on the cover letter. Please allow 3-4 weeks for processing of your application from the date of post marking. You may be contacted by your regional Food Sanitarian requesting further clarification or information. **The Food Sanitarian will contact you with final approval** OR you will be sent a letter via USPS with disapproval, including the reasons, of this application. Next, an on-site inspection will occur. This inspection **must** happen prior to opening.

The Applicant understands and agrees that this document is an application for the **Registration of a Custom Butcher facility only**. The applicant understands and agrees that only a "proprietor" of this operation may obtain the registration; and that a "proprietor" may be a person, partnership, association or corporation operating the food establishment within the Commonwealth of Pennsylvania. The applicant verifies that it is a/an (circle one): **person, partnership, association, corporation, or LLC/LLP**; and that it is the "proprietor" of the food establishment that is the subject of this application. The applicant verifies that all statements and information in this application is true and correct to the best of the applicant's knowledge, information and belief; and makes these statements subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities.

There are NO fees associated with this Application.

Registration fees will be collected at the time of the Inspection. NO CASH. Checks or money orders only, payable to Commonwealth of PA. Initial registrations and annual renewals are $35.00

DO NOT SEND REGISTRATION MONEY WITH THIS APPLICATION

FILL IN AND SIGN THE APPROPRIATE BLOCK ON THE FOLLOWING PAGE

Rev. 02/2015

☐ INDIVIDUAL PERSON:

_____
Signature

_____
Legibly Print Name

_____
Date

☐ PARTNERSHIP:

_____ _____
Signature-General Partner Signature-General Partner

_____ _____
Legibly Print Name Legibly Print Name

_____ _____
Date Date

☐ Corporation Or Association/Non-Profit Entity:

_____
Name of Corporation or Non-Profit Entity

_____
Signature of President / VP *(circle which)* Date

_____
Legibly Print Name

_____
Signature of Secretary / Treasurer *(circle which)* Date

_____
Legibly Print Name

☐ Limited Liability Company (LLC) or Limited Liability Partnership (LLP):

_____
Name of LLC or LLP

_____ _____
Signature – Member Date Signature – Member Date

_____ _____
Legibly Print Name Legibly Print Name

_____ _____
Signature – Member Date Signature-Member Date

_____ _____
Legibly Print Name Legibly Print Name

OFFICIAL USE ONLY

REGISTRATION TYPE: Registration- Custom Butcher

STANDARDS FOR REVIEW: Chapter 57 / CFR's

☐**APPROVAL**

PLANS APPROVED, DATE _____ APPLICANT CONTACTED, DATE _____METHOD_____

☐**DISAPPROVAL**

PLANS DISAPPROVED, DATE_____ LETTER MAILED TO APPLICANT, DATE_____

Reasons for denial: _____

REVIEWING SANITARIAN _____

*****REMINDER: IN ALL CASES, A FACILITY RECORD MUST BE CREATED IN PAFOODSAFETY AND THE APPLICATION SCANNED AND ATTACHED TO THE FACILTIY RECORD.***