

PA DEPARTMENT OF AGRICULTURE  
BUREAU OF FOOD SAFETY AND LABORATORY SERVICES  
2301 N CAMERON STREET  
HARRISBURG PA 17110  
717-787-4315

[WWW.EatSafePA.COM](http://WWW.EatSafePA.COM)

# APPLICATION PACKET FOR RETAIL FOOD FACILITIES

Any facility selling or serving food to the end consumer

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05.2016

**Pennsylvania Department of Agriculture  
Bureau of Food Safety and Laboratory Services  
717-787-4315  
[www.EatSafePA.com](http://www.EatSafePA.com)**

Dear Retail Food Facility Applicant:

Enclosed are the necessary forms and applications for obtaining a license from the Pennsylvania Department of Agriculture. Please note that according to The Retail Food Facility Safety Act of 2010 (3 Pa.C.S.A. §§5701 – 5714), "...it shall be unlawful for any proprietor to conduct or operate a retail food facility without first obtaining a license for each retail food facility...."

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). If your county is not listed your facility is in a County Health Department, and you should contact them for licensing (Bucks, Chester, Montgomery, Philadelphia, Erie, and Allegheny).

The Department of Agriculture, Regional Food Sanitarian and/or Supervisor, will review the plans and notify you of its approval/disapproval. Please allow 4 - 6 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, 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: 570-836-6266**

**Region 4N/4S** (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)  
**403 E CHRISTIANA ST, MARTINSBURG COMMONS, MARTINSBURG PA 16662 814-793-1849 Fax 814-793-1869**

**Region 6E/6W** (Adams, Cumberland, Dauphin, Franklin, Lebanon, Lancaster, Perry, Schuylkill, and York)  
**ROOM 100, 2301 N. CAMERON ST, HARRISBURG PA 17110 717-346-3223 Fax: 717-346-3229**

**Region 7** (Berks, Delaware, Lehigh, Northampton)  
**1015 BRIDGE RD, COLLEGEVILLE PA 19426 610-489-1003 Fax: 610-489-6119**

**\*Counties not listed are under a Local Health Jurisdiction and Retail Licenses would need obtained from those agencies.**

**Pennsylvania Department of Agriculture  
Bureau of Food Safety and Laboratory Services  
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**RETAIL FOOD FACILITY PERMANENT LICENSE  
APPLICATION AND PLAN REVIEW**

Chapter 46, Food Code, the Rules and Regulations of the PA Department of Agriculture are issued under the Retail Food Facilities Safety Act of 2010 (3 Pa. C.S.A. §§5701 - 5714) and requires that properly prepared plans and specifications for construction, remodeling or alteration of a retail food facility must be submitted to and approved by the Department before food can be prepared, served and sold. PDA follows the most current version of the FDA Model Food Code as its regulations.

**This application is NOT for Retail Food Facilities located in Local Health Department jurisdictions. Please contact your Local Health Department directly for information on licensing.**

**Mobile Food Facilities do not use this application but should use the “Application Packet-Mobile Food Facilities”**

**SECTION 1: COMPLETE AND MOVE TO SECTION 2**

**PURPOSE OF THE PLAN REVIEW**

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

**PART A:**

THIS FACILITY IS A:       Permanent structure/building    OR  
    Not a structure, building or mobile, but always operating at the same physical location (i.e. food stand, barbeque operation, stick stand, modular unit)

**PART B:**

PLEASE SELECT:

- New License**
  - New construction of a new food facility
  - A new food business opening in an existing physical structure not previously a food business
  - A new food business opening in a food facility that has been non-operational for more than 3 months
  - A food business that is operational or has been actively licensed and operational within the last 3 months but a new owner is taking over and is undertaking a significant menu change, food service style (for example: Asian food facility changing to an American style food menu) or major remodel.

**Change of Ownership** (Retail Food Licenses are NOT transferable)  
A currently operating food business that will have new ownership but generally the same menu type and food service style, if the facility has been actively licensed and has been operational within the last 3 months. If not, select New Food Business above.

**Remodel/Change to an Existing Operating Facility**  
A currently licensed and active food facility that is remodeling (non-aesthetic) part or all of the facility or is significantly changing food service style or processing methods.

**Other, Describe** \_\_\_\_\_

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

**FACILITY INFORMATION**

NAME OF FACILITY (Common Public Name): \_\_\_\_\_

**ADDRESS OF FACILITY:**

|  |  |  |                |                   |
|--|--|--|----------------|-------------------|
| _____<br>Facility Street Number and Name |  | _____<br>City  | _____<br>State | _____<br>Zip Code |
| _____<br>County                          |  | _____<br>Township/Borough                                      |                |                   |
| _____<br>( )<br>Facility Phone Number    |  | _____<br>( )<br>Facility Fax Number                            |                |                   |
| _____<br>Facility Email Address          |  | _____<br>( )<br>Facility Cell Number or Alternate Phone Number |                |                   |

**MAILING ADDRESS (If Other Than Above):**

|               |                         |                     |                   |
|---------------|-------------------------|---------------------|-------------------|
| _____<br>Name | _____<br>Street Address | _____<br>City/State | _____<br>Zip Code |
|---------------|-------------------------|---------------------|-------------------|

RESPONSIBLE OFFICIAL AT THE FOOD FACILITY (if not the owner)  
NAME and TITLE \_\_\_\_\_

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

LEGAL BUSINESS NAME (if different than the Facility Name): \_\_\_\_\_

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

|                                    |                                  |                               |                   |
|------------------------------------|----------------------------------|-------------------------------|-------------------|
| _____<br>Street Number             | _____<br>City                    | _____<br>State                | _____<br>Zip Code |
| _____<br>( )<br>Owner Phone Number | _____<br>( )<br>Owner Fax Number | _____<br>Owner E-Mail Address |                   |

**PLEASE FILL IN DETAILED INFORMATION ON YOUR PROPRIETORSHIP ON PAGE 9 OF THIS APPLICATION.**

**SECTION 3: COMPLETE AND MOVE TO SECTION 4**

**CONSTRUCTION/STRUCTURAL INFORMATION**

- New construction  Existing food facility-No construction or changes
- Major remodel of an existing food facility  Major equipment change or addition to a food facility
- Minor construction to the food facility
- This is not a structure or building but a modular unit, stick stand or similar located in same location

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 4: FACILITY FLOOR PLAN & EQUIPMENT SCHEDULE**

ALL "NEW LICENSES", AS DESCRIBED IN SECTION 1B, MUST COMPLETE THIS SECTION.

IF A "CHANGE OF OWNERSHIP", AS DESCRIBED IN SECTION 1B, SKIP THIS SECTION AND MOVE TO SECTION 5.

IF A "REMODEL" ONLY, AS DESCRIBED IN SECTION 1B, SIGN, ATTACH REMODEL PLANS\* AND MOVE TO SECTION 5.

ALL "NEW FACILITIES" AS DESCRIBED IN SECTION 1 MUST ATTACH FULL PLANS, SIGN, & MOVE TO SECTION 5.

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 (even if temporary), 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. The Department has provided guidance within the "Instructions" 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 5: COMPLETE THIS SECTION AND MOVE TO SECTION 6**

**WATER, SEWER, WASTE INFORMATION**

**WATER:** The facility is using: (Check which ONE applies and Sign)

A public or municipal water supply regulated by DEP. If not municipal community water, the water supplies must be approved by DEP, Department of Environmental Protection (717-787-9633). Written documentation must be provided, such as your assigned Public Water Supply (PWS) number.

**A Change of Owner must contact DEP to update information even if a PWS number is assigned to the facility.**

Municipal Supplier (or PWS #): \_\_\_\_\_ (example: Pa American Water)

\*A non-public / non-municipal / private water supply (example: well water). **Current water tests must be provided for Total Coliform (4 initial samples in 24 hours) and 1 initial sample for Nitrate/Nitrite.**

I have either contacted DEP or have attached my non-public water supply results to this application.  
Applicant Signature \_\_\_\_\_

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**SEWER: The facility 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 local Sewage Enforcement Officer for your municipality and discuss if the current sewage disposal system is appropriate for your food facility. This would not apply if the facility 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 my on-lot system meets state and/or local codes and is adequate for my Retail Food Facility and functioning properly.**

**Applicant Signature:** \_\_\_\_\_

**REFUSE: (Check all that apply & complete fully)**

The food facility refuse collector is \_\_\_\_\_ (company name)

List any other refuse /waste collection companies (ex: grease collection) \_\_\_\_\_

**SECTION 6: COMPLETE AND MOVE TO SECTION 7. IF A REMODEL ONLY, SALES TAX INFORMATION IS NOT REQUIRED**

**ZONING AND OTHER CODES**

**(Signature is required to affirm compliance with the appropriate requirements. Check ALL that apply and sign)**

Building Codes and Zoning:

Facility/Unit/Business is Compliant with Local Zoning requirements.

Facility/Structure is Compliant with All Building Code requirements (electrical, plumbing, ventilation, structural, etc), where applicable.

Sales Tax: (check ONE)

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.

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 the facility is compliant with the above checked requirements in Section 6 and all supporting documentation is attached.**

**Applicant Signature** \_\_\_\_\_

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**SECTION 7: COMPLETE AND MOVE TO SECTION 8**

**FACILITY SERVICE INFORMATION**

**PART A:**

**DAYS & TIMES OPERATION** (Check anticipated days and time the facility will be operational)

|                                    |            |                                   |            |
|------------------------------------|------------|-----------------------------------|------------|
| <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 _____ |                                   |            |

**PART B:**

**TYPE OF SERVICE** (Check ANY that apply)

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Retail Grocery Store        | <input type="checkbox"/> Farmer Market Stand (immediate consumption foods) | <input type="checkbox"/> Seasonal Operation       |
| <input type="checkbox"/> Dine-In Food Service        | <input type="checkbox"/> Take-Out Food Service                             | <input type="checkbox"/> Catering                 |
| <input type="checkbox"/> Church/Fire Hall/Non-profit | <input type="checkbox"/> Bar / Club  | <input type="checkbox"/> Convenience Store        |
| <input type="checkbox"/> School                      | <input type="checkbox"/> Organized Camp                                    | <input type="checkbox"/> On-the-Farm Retail Store |
| <input type="checkbox"/> Salvage Food                | <input type="checkbox"/> Frozen Dessert                                    |   |

\***Specialized Processes (page 21)** in the facility such as: Sous Vide, Cook-Chill, Vacuum Packing, ROP, Curing/Smoking for preservation, Sprouting, Fermentation, Acidification, Canning

Other, Describe: \_\_\_\_\_

**TYPE OF MENU** (Check all that apply)

Full Service Menu (numerous items) \*\* **attach menu**       Limited Menu (a few items) \*\* **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 raw animal food undercooked, raw, or cooked to order?  YES  NO  
List: \_\_\_\_\_ If yes, is a consumer advisory on your menu?  YES  NO

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

**HACCP PLAN**

If you are doing any **\*specialized process (page 21)**, you must submit a HACCP plan for approval prior to processing those foods.

**ANTICIPATED PROJECTED CAPACITY**

Number of inside seats \_\_\_\_\_ Number of outside seats \_\_\_\_\_ (Mark '0' if no seating provided)  
Patron served daily (projected) = \_\_\_\_\_

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**PART C:**

**EMPLOYEE INFORMATION**

Anticipated # of employees/volunteers, including owner = \_\_\_\_\_

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

If YES: **Please attach a copy of their National Certificate (ANSI Approved Managers Exam)**

If NO: Do you have a Person-In-Charge enrolled in Food Safety Training?  YES  NO

If YES, Name, Date, and Location of Course \_\_\_\_\_

Do you have an employee Health policy?  YES  NO

Do you have an employee policy for Cleanup of Vomiting or Diarrheal Events in the facility?  YES  NO

**SECTION 8: ALL APPLICANTS READ AND COMPLETE**

**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. DO NOT SEND MONEY WITH THIS APPLICATION***

License fees will be collected at the time of the licensing inspection and are as follows: (payable to: Commonwealth of PA)

**Retail Food License**

- “Change of ownership”-- \$82.00
- Remodel Plan Review –no charge
- “New Licenses”
  - Under 50 seats AND Owner Operated --\$103.00
  - All others, \$241

**Other fees**

- Annual Renewals --\$82.00
- 2<sup>nd</sup> Follow-up inspection Fee --\$150.00
- 3<sup>rd</sup> or subsequent Follow-up inspection Fee --\$300.00
- Duplicate License Fee - \$14.00
- Courtesy inspection Fee - \$150.00

This application, along with the floor plan and all other requested materials, as listed above, should be **submitted to you local Regional Office**, as listed on the cover letter. Please allow **4-6 weeks for processing** of your plan review/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 a disapproval, including the reasons, of this plan. Next, an on-site inspection will occur. This **must** happen prior to licensing and opening.

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The Applicant understands and agrees that this document is an application for licensure of a retail food facility. The applicant understands and agrees that only a "proprietor" of a retail food facility may obtain a retail food facility license; and that a "proprietor" may be a person, partnership, association or corporation operating a retail food facility within the Commonwealth of Pennsylvania. The applicant verifies by signature below, that they are the "proprietor" of the retail food facility 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.

INDIVIDUAL PERSON:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Legibly Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

PARTNERSHIP:

\_\_\_\_\_  
Signature-General Partner

\_\_\_\_\_  
Signature-General Partner

\_\_\_\_\_  
Legibly Print Name

\_\_\_\_\_  
Legibly Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

Corporation Or Association/Non-Profit Entity:

\_\_\_\_\_  
Name of Corporation or Non-Profit Entity

\_\_\_\_\_  
Name of current CEO/President

\_\_\_\_\_  
Date of Birth of CEO/President

\_\_\_\_\_  
Signature of Corporate / Association / Non-Profit Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legibly Print Name

\_\_\_\_\_  
Official Title of Signatory

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

\_\_\_\_\_  
Name of LLC or LLP

\_\_\_\_\_  
Name of President/CEO

\_\_\_\_\_  
Date of Birth of President/CEO

\_\_\_\_\_  
Signature - Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legibly Print Name

\_\_\_\_\_  
Legibly Print Name

**.....OFFICIAL USE ONLY.....**

**LICENSE TYPE:**  RETAIL FOOD LICENSE -PERMANENT       LICENSE EXEMPT - BUT INSPECTED

**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 FACILITY RECORD.**

## INSTRUCTIONS FOR COMPLETING THE RETAIL FOOD FACILITY APPLICATION

These instructions are for your review and to assist you in understanding and completing the plan review application and licensing process.

### Preplanning and Timeline:

1. Review thoroughly a copy of the rules and regulations pertaining to the specific type of food service facility planned prior to and during preparation of plans. Applicable law is Title 3 of the Consolidated Statutes, Chapter 57, Subchapter A, Retail Food Facility Safety Act (3 C.S §§5701 - 5714). Regulations governing food safety in retail food facilities are found in the PA Code, Title 7, Chapter 46, §46.4, wherein which PDA has adopted the most current version of the FDA Model Food Code (herein noted as “Food Code”).
2. Discuss any unanswered questions regarding licensing and requirements for plan review with your Regional Department of Agriculture representative (see cover letter for contact information).
3. **Complete this application, “Retail Food Facilities and Restaurants Plan Review and Application”,** which is to be submitted at **least 60 days** prior to opening.
4. Do not begin construction, remodel or conversion of the facility prior to submitting acceptable plans and prior to receiving approval of the submitted plans from the regional PA Department of Agriculture Food Sanitarian or Food Sanitarian Supervisor, or other licenser office\*. New owners and change of ownerships are required to submit plans and gain approval *prior to* sale and preparation of foods.
5. All local planning, zoning, building, fire etc., codes must be considered as well as requirements of the Department of Labor and Industry, Department of Environmental Protection, and the Liquor Control Board, if the facility will also be regulated by these agencies. It is your responsibility to assure compliance with other applicable laws and regulations.
6. Your Sanitarian will contact you with an approval (or disapproval) of your plans. After approval and when the facility is ready for inspection, you will make an appointment with your Sanitarian to do a Licensing Inspection. Licensing fees are collected at the time of a compliant licensing inspection.

**\*County, township, cities or boroughs are authorized by Law to have local health offices, if they choose. As such, if a local or county health office exists, they will have jurisdiction for issuing licenses to Retail Food Facilities. Proprietors operating in a county or local health jurisdiction should contact their County or Local Health Department. Do NOT fill out this application. A list of County / Local Health Departments can be found on the website at [www.EatSafePA.com](http://www.EatSafePA.com), on the Retail Food Facility and Restaurant ‘Program’ page.**

### SECTION 1:

**PART A:** Please select in this section which best describes your facility.

**PART B:** Please select the box that best describes why you are filling out this application. Are you a new owner looking to get a new license? Are you taking over an existing operating facility (change of ownership)? Are you remodeling your licensed facility or significantly changing your food type? Whichever best describes, please select. If none of these choices seems to describe why you are applying, select “other” and note why you are applying for a Retail Food License.

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## **SECTION 2:**

This section will capture information about your facility. Please fill in this section completely. Please select your owner type, and enter the most responsible official at the food facility if that is not the owner.

## **SECTION 3:**

This section captures the detail of your facility structure and any construction that may be occurring to the facility.

**Construction/Structural Information:** Please select which best describes the nature of your construction, if any, that may apply to this facility.

## **SECTION 4:**

Applicants must submit a floor plan and equipment schedule. The 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 (even if temporary), and site plan showing exterior building structures (including storage areas, trash receptacles, outside refrigeration units, etc...). See the "Guidelines for Preparation of Floor Plans and Equipment Schedule" located at the end of these Instructions for more detailed assistance in complying with this Section.

If you are a "**change of ownership**" as described in Section 1, you may skip this section and move to Section 5. If you are a "**Remodel**" only as described in Section 1, you do not need to submit plans for the entire facility but only for those areas of the facility that are affected by the remodel. Aesthetic changes only that do not affect food storage, production or other food related areas need not submit any plans (i.e. re-decorating the dining room, painting the walls a new color).

*All other Facility Types in Section 1B must attach full plans, sign and then move to the next Section.*

## **SECTION 5: Water, Sewer, Waste Information**

This section captures the information about the water supply you are using, your waste water disposal and your trash collection.

**Water Supply:** Please select the type of water supply you are using at the facility. Building owners/operators may need to supply you this information if you are using their water supply. On the application, please select the water supply being used in your facility. All water supplies are either PUBLIC or NON-PUBLIC.

### Public or Municipal Water Supplies:

Public supplies are those regulated by DEP. Some 'wells' and/or non-municipal water supplies are additionally regulated by DEP as Public supplies. **You must contact DEP (717-783-2300) to determine if your water supply should be regulated by that Agency.** You may obtain your water from ANY DEP regulated water supply.

For Municipal- Public water sources, please list the name of the Public Water Supplier. For example: Pennsylvania American Water.

For Non-Municipal Public water supplies, please provide proof from DEP that you water supply has been approved as a Public supply, including your assigned Public Water Supply number.

Non-Public Water Supply:

If it has been determined that you are utilizing a NON-PUBLIC, NON- DEP regulated water supply please see below\*.

\*A non-public water system (one not regulated by DEP) shall be required to conform to the construction, maintenance, and operation requirements established for a transient non-community water system as defined in 25 Pa. Code Chapter 109. Those water systems will need to submit initial sampling of the water supply to include: 4 sequential Total Coliform samples and one Nitrate/Nitrite to PDA prior to licensing. Ongoing testing of the water supply for non-public systems (non-DEP regulated), shall continue as directed by your Sanitarian. This water testing will most likely be provided by the owner of the property. Test results must be submitted with the application.

Please consider the following...

- Approval of the water supply shall be based on satisfactory compliance with the latest edition of the Public Water Supply Manual for Construction Standards and Title 25, Chapter 109 for Water Quality, Pennsylvania Department of Environmental Protection (DEP).
- If your facility is on a well and determined to be 'public', it must be approved by DEP, Department of Environmental Protection (717-783-2300). Written documentation of approval must be provided.
- Facilities shall also comply with The Food Code sections relating to water.

**Sewage Disposal:** On the application, please check which applies. If your facility is utilizing a municipal sewage system, you need only supply the name of the sewage enforcement municipality.

For Retail Food Facilities NOT using a municipal/public sewer, the following will need addressed: It is the responsibility of the owner/applicant of the Retail Food Facility to contact the local Sewer Enforcement Officer for their municipality to review whether or not the current on-lot sewage system is approved and adequate for the use of the facility. Please provide that date on which this contact was made and confirm by signature that you are compliant to the best of your knowledge with any and all sewage disposal requirements.

Note: Approval of all sewage disposal systems will be based upon satisfactory compliance with Chapter 71 and 73 of this title, The Clean Streams Law, Act of June 22, 1937, P.L. 1987, as amended (35 P.S. §§691.1 et seq.), and/or as determined by the local governing sewage enforcement agency or local Sewer Enforcement Officer (SEO) and with The Food Code.

**Refuse, Recyclables & Returnable:** On the application, please check any that apply.

- If refuse is to be disposed of on site at the Retail Food Facility the refuse company name need only be supplied.
  - a. Disposal of garbage and refuse shall conform to the Solid Waste Act, Act of July 31, 1968, P.L.

788 (No. 241), Section 6, (35P.S. Section 6006) and the regulation adopted pursuant thereto, Chapter 75 of this title (relating to Solid Waste Management).

- If disposal is to take place off site, list the name of the collector and location of disposal site.
- The handling of refuse, recyclable and returnable shall comply with all applicable sections of The Food Code.

### **SECTION 6: Other Codes**

Please select whichever box may apply. A signature is required for this section. Some of this information may need verified with the property or building owners/operators.

### **SECTION 7: Retail Food Facility Information**

**PART A:** This section will collect the days of the week and time in which the facility is operating.

#### **PART B:**

**Type of Service:** This section addresses information regarding the type of service your facility is providing to consumers. If your type is not listed, please select ‘other’ and describe your facility type.

**Type of Menu:** For Full and Limited Menu facilities, this section requests information regarding your intended menu. Your menu should be submitted with your plans. If a formal menu has not been developed, please provide a list of items that you are considering making/selling.

If your Retail Food Facility is only selling a few very specific food items, please list those items in the space provided.

If your Retail Food Facility is a grocery store (sells packaged food) and consists of ‘departments’, please check any departments that will be in your facility.

*Raw and Undercooked Animal Foods: These types of foods may include, cook to order steaks, cooked to order eggs, sushi, cook to order meats, or any other raw animal foods or food that contains raw animal food, that are being provide in a ready-to-eat form, whether packaged or not packaged. These items may require a consumer advisory be provided on the menu or packaging.*

Please also, indicate in Part B if you have or have applied for a PA Liquor License.

**Projected Capacity:** Please indicate the total number of seats anticipated in the food facility. Include all seating for the on-site consumption of foods, inside seating and any outside seating if food employee service occurs at the seating, or the seating is only accessible from inside the retail food facility. If there are no seats, please indicate “0”. Additionally, indicate the number of anticipated patrons your plan on serving per day.

**PART C:** There are two items evaluated in this Section: Food Employee Certification and Employee Health. On the Application check which category you feel is applicable to your Retail Food Facility, with consideration of the information below,.

**Food Employee Certification:** You may need to have a certified food handler on staff. A certified food handler is a person in charge of the facility who has taken and passed a nationally recognized food

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safety exam. Acceptable exams to date are: Food Protection Manager Certification Program by the National Registry for Food Safety Professionals (ANSI Id. 0656), ServSafe by the National Restaurant Association (ANSI Id. 0655), and Food Protection Manager Certification Program by Prometrics, Inc (ANSI Id. 659) and Learn2Serve by 360training, Inc. (ANSI Id. 0975). You may use any vendor of your choosing to take this course and exam. Your Certification must be kept valid and not expired.

If you do not currently have a certified food handler in the facility, you will have 90 days from the date your license is issued to make arrangements to send a Person-in-Charge to training. Visit our web site at [www.EatSafePA.com](http://www.EatSafePA.com) and go to the “Food Employee Certification” page under “Programs”. Course information by county can be found under the “Publications” bar.

Anyone handling exposed potentially hazardous food must meet this requirement, with some exemptions. The following are exempt from Food Employee Certification:

- A retail food facility which handles only commercially pre-packaged food and beverages
- A retail food facility in which only non-potentially hazardous foods and beverages are sold
- Charitable non-profit organizations

**Employee Health Policy:** An employee health policy establishes how to handle ill employees. Even if you are the only employee, The Food Code, requires that the person in charge understand under what conditions an employee, including themselves, may work while ill and at what point restriction or exclusion of the person from the food facility should take place. This policy does not need to be a written policy. This Employee Health question is asked to bring your attention to this very important issue. Your Sanitarian, as part of a routine inspection, will discuss your policy with you. If there is no employee health policy currently, prior to opening an employee health policy must be established, either in writing or verbal, and presented to every employee of the facility and your Sanitarian.

## **SECTION 8:**

Enter the Date the Retail Food Facility is anticipating opening or that the legal change of ownership will occur.

Please read the remainder of this section and fill in the appropriate ‘ownership’ block with signatures. The ‘owner’ or ‘proprietor’ of a retail food facility may be a person, partnership, association, corporation, or an LLC or LLP. Only the ‘proprietor’ may apply for and obtain a retail food facility license in the Commonwealth of Pennsylvania. NOTE: When an association, corporation, LLC, or LLP is the ‘proprietor’, at least one governing official must sign the application. All licenses issued for the retail food facility will indicate the legal company name AND the signatory name on the application. If, in the future, the individual official name on the license is not correct, a written document must be provided to the Department signed by the ‘new’ company official.

## **GUIDELINES FOR PREPARATION OF FLOOR PLANS & EQUIPMENT SCHEDULE**

Plans must include, where applicable, information relating to the grounds, building, lay-out of the facility, equipment (even if minimal) and such other information as may be required by the Department of Agriculture (PDA).

### **ONLY ONE COPY IS REQUIRED**

Drawings/floor plans may be 'hand-drawn,' but must be clear, concise, legible, to approximate scale, and of such size to enable all information to be clearly shown. Drawings will not be returned to you unless specifically requested. The Department does not maintain a copy of your plans.

The "Equipment Schedule" and "Room Finish Schedule" provided at the end of these instructions *may* be utilized to help organize your information.

The below outline is a generalized list of items that should be addressed on your floor plans and equipment schedules. Note: not all areas below may be applicable to your facility.

### **Facility Details** (See the FDA Food Code for detailed requirements)

#### **A. Structural Facilities**

- a) **Floors:** all construction details must be clearly shown or indicated, including:
  - 1) Construction and finish materials (Information can be presented on the attached "Room Finish Schedule" form). For existing building, finish coats should be listed. (Ex: linoleum, concrete sealed with high gloss paint, etc...)
  - 2) Location of floor drains
  - 3) Materials for the juncture between floors and walls
- b) **Walls and Ceilings:** complete details must be provided, including:
  - 1) Materials (Information can be presented on the attached "Room Finish Schedule" form)
  - 2) Finish
- c) **Doors and Windows**
  - 1) Indicate self-closing devices on doors where required.
  - 2) Indicate screening or other insect-control devices (include size of screening)
- d) **Lighting**
  - 1) Indicate the placement of all fixtures (in relation to equipment)
  - 2) Indicate illumination levels (in foot-candles or numbers/wattages of lights) for all areas; including toilet rooms, storage areas, food preparation areas, etc... Specific intensities must be shown for food preparation and utensil and ware washing areas. See Chapter 46, Food Code.
  - 3) Provide protection for light fixtures to ensure shattered glass does not become a food safety hazard.
- e) **Plumbing:** A detailed plan of the plumbing system must be provided, including:
  - 1) Water connections to all food service equipment
  - 2) Drainage or condensate lines from equipment such as ice-makers, walk-in coolers etc... showing clearly the methods of discharge of the waste waters
  - 3) Mixing valves on all lavatory fixtures.
  - 4) A complete plan of the hot water generating system must be including where hot water is to be used as a sanitizing agent, ware washing facilities and hand wash sink locations
  - 5) Cross connection and backflow control at all necessary areas

6) ***Commonwealth regulations prohibit the use of lead pipe, lead-based solder and fitting in potable water drinking systems after January 6, 1991.***

f) **Toilet and Handwashing Facilities**

- 1) Indicate the construction detail of the floors, walls and ceilings in restrooms. (Information can be presented on the attached "Room Finish Schedule" Form).
- 2) Indicate method of ventilation to outside air.
- 3) Indicate how many restrooms are in the facility. (note- there must be one for employees to use)
- 4) Indicate location of all handwash sinks.
  - i. A minimum of one handwash sink for food employees must be accessible and conveniently located IN the food preparation areas AND
  - ii. In or immediately adjacent to restrooms.
- 5) Indicate soap dispensers, towel dispensers, waste receptacles and employee hand washing signage for each toilet room and/ or sink. NOTE: Waste receptacles in women's restrooms for sanitary napkin disposal shall be covered.
- 6) Indicate dressing/locker rooms or storage areas for employee's personal effects (some type of storage facilities for personal items is required).

g) **Food Storage Areas**

- 1) Indicate construction of floors, walls, and ceilings in these areas. (Information can be presented on the attached "Room Finish Schedule" form)
- 2) Indicate height and depth of storage shelves (distance from the lowest shelf to floor must be no less than 6"). Also indicate the finish of the storage shelves, and their location (not under overhead water or sewer pipes).

h) **Food Displays** - Indicate counter sneeze guards or other protective devices (sneeze guards are required for all consumer self service operations or areas within any food facility).

**B. Equipment**

- a) **Design and Construction** - A list of all equipment must be prepared as an addendum to the plans showing the manufacturer and the model for all equipment. This information can be presented on the attached "Equipment Schedule." Equipment must meet a minimum requirement as stated in Food Code. A set of detailed shop drawings may be evaluated to determine compliance with these standards. Food equipment that had been unaltered and has been certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program shall be deemed to comply with Chapter 46, sections as listed above. All other equipment must be evaluated for compliance with the Code.
- b) **Thermometers –ambient air or water** - Numerically scaled thermometers measured in Fahrenheit must be accurate to +/- 3 °F and must be accessible and readable for each cold storage unit to be used in the storage of potentially hazardous foods for measuring ambient air or water temperature. (+/- 1.5 °F for Celsius devices or Celsius/Fahrenheit devices). Note: *Food* temperature measuring devices that are scaled only in Fahrenheit shall be accurate to +/- 2 °F in the intended range of use OR +/- 1 °F for Celsius thermometers.
- c) **Equipment and Utensil Storage**
  - 1) Adequate storage facilities for all equipment such as tableware, kitchenware, utensils, etc., must be clearly shown. Note: Utensil storage containers must be designed so that the utensils are protected from contamination and so that only the handle of the utensil can be grasped by the employee or customer.
  - 2) Complete details must be included for running water dipper wells, including water inlet, waste connection, etc.

**C. Ventilation:** The complete plan of the ventilation systems must be provided. A detail of the final exhaust outlet must be provided. If necessary to keep rooms free of excessive heat, steam, condensation, vapors, obnoxious

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odors, smoke and fumes in a food facility, mechanical ventilation of sufficient capacity and made of approved materials shall be provided. Ventilation hood systems and devices shall be sufficient in number and capacity to prevent grease or condensation from collecting on walls, ceilings and fixtures. Exhaust ventilation hood systems in food preparation and warewashing areas (including components such as hoods, fans, guards and ducting) shall be designed to prevent grease or condensation from draining or dripping onto food, equipment, utensils, linens and single-service and single-use articles. On new installations or hood remodels, galvanized metal hoods are not acceptable in situations where grease-laden vapors are being produced. If vented to the outside, ventilation systems may not create a public health hazard or nuisance or unlawful discharge. It is the food facility operator or owner's responsibility to assure compliance with all state and local building and fire codes.

- D. Consumer Advisory, if applicable:** If a retail food facility intends to sell ready to eat animal-derived foods in a raw or undercooked form (Examples; sushi, rare steak, sunny side up eggs, raw egg coddled dressing) then a consumer advisory must be offered to patrons. A sample of the facility's compliance with the consumer advisory section of Food Code should be submitted with this plan. Your action plan to comply with this section or the actual menu showing compliance with this section is acceptable. Both *disclosure* of the specific food items affected and a *reminder* of the risks must be contained in the consumer advisory to be considered approved. Guidelines are available to aid you in the development of this section. Children's menus shall not include the option for undercooked comminuted meats.
- E. Room Finish, Lighting, Floor Drain, and Equipment Schedules: below listed tables and charts. The following** Room Finish Schedules can be used as is, or this information can be submitted in other formats along with facility prints.

**THE FOLLOWING CHARTS / SCHEDULES ARE FOR YOUR OPTIONAL USE**

**COMPLETE AND SUBMIT WITH YOUR PLANS OR SUBMIT IN ANOTHER FORMAT WITH YOUR PLANS**

**FLOORS, WALLS, CEILINGS SCHEDULE:**

|                               | Wall Finishes       | Floor Finishes | Ceiling Finishes |
|-------------------------------|---------------------|----------------|------------------|
| EXAMPLE                       | Drop down screening | Linoleum       | Overhead tarp    |
| Kitchen/Cooking<br>Food Prep. |                     |                |                  |
| Sales Area                    |                     |                |                  |
| Dry Storage                   |                     |                |                  |
| Warewashing                   |                     |                |                  |
|                               |                     |                |                  |
|                               |                     |                |                  |
|                               |                     |                |                  |

Notes: \_\_\_\_\_

**LIGHTING SCHEDULE: If lighting is not provided due to outside/natural lighting, please indicate such.**

|                       | Foot Candles (fc)               | Arrangement                           | Cleaning and Service     | Shielding and Protection                  |
|-----------------------|---------------------------------|---------------------------------------|--------------------------|---|
| EXAMPLE               | 35 fluorescent overhead lights) | 35 fluorescent lights spaced 4' apart | Routine monthly cleaning | Protected by plastic sheaths and end caps |
| Preparation/Work Area |                                 |                                       |                          |   |
| Storage               |                                 |                                       |                          |   |
| Serving               |                                 |                                       |                          |   |
| Dining Area           |                                 |                                       |                          |   |
| Special               |                                 |                                       |                          |   |
|                       |                                 |                                       |                          |   |
|                       |                                 |                                       |                          |   |

Notes:

## EQUIPMENT SCHEDULE

Provide a scaled layout drawing of all equipment, even if minimal, in the retail food facility. Complete the following list of equipment and submit with your plans.

| Item No. | Type of Equipment | Manufacturer's Name | Model No. | Quantity |
|----------|-------------------|---------------------|-----------|----------|
| Example: | Freezer           | Hobart              | ABC124    | 1        |

**OTHER IMPORTANT FOOD SAFETY INFORMATION FOR REVIEW**

**Food Safety and Handling:**

- A. All potentially hazardous foods shall be kept out of the temperature danger zone (41°F to 135°F). They must be kept cold or hot.
- B. Ready to Eat animal-derived foods must be cooked or reheated to the proper temperatures, unless a consumer advisory is provided.
  - i. 145°F for eggs, fish, beef, pork
  - ii. 155°F for ground meats
  - iii. 165°F for poultry and stuffed meats
  - iv. 165°F for reheating cooked foods for hot holding
- C. All food shall be protected at all times from environmental and other sources of cross contamination.
- D. Proper warewashing includes 3 steps: wash, rinse, and sanitize. Sanitizing food equipment is a risk factor violation if not accomplished correctly.
- E. All unpackaged food shall be protected from direct consumer handling at all times until purchased. Self-service of ready-to eat foods shall have appropriate protection such as sneeze-guards / display covers and appropriate dispensing utensils.
- F. **No bare hand contact is allowed on any ready to eat foods.** Gloves or utensils, such as spatulas or hand papers, must be used.
- G. Good personal hygiene and proper handwashing are essential.

A HACCP PLAN IS REQUIRED TO BE SUBMITTED

