



pennsylvania
DEPARTMENT OF AGRICULTURE
BUREAU OF FOOD SAFETY & LABORATORY SERVICES

APPLICATION PACKET RETAIL FOOD FACILITIES

CHANGE OF OWNERSHIP

Any facility selling or serving food to the end consumer

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- **Application for Retail Food License Pages 5 – 8 (Required)**

RETAIL FOOD FACILITY LICENSE APPLICATION
CHANGE OF OWNERSHIP ONLY

Enclosed is the application for obtaining a license from the Pennsylvania Department of Agriculture. Please note, according to Retail Food Facility Safety Act (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...."

All material must be submitted at least **30 days prior** to **new ownership**. Preparation/sale of food from the retail food facility may continue if the change of ownership is 'turnkey,' and there is no substantial remodeling, menu changes, or equipment addition. *If there is remodeling, menu changes or equipment addition planned, you must complete the **RETAIL FOOD FACILITY APPLICATION AND PLAN REVIEW FOR REMODELING** in addition to this change of ownership application. If the facility has been non-operational for longer than 3 months, **DO NOT complete this application** – you must complete the full **RETAIL FOOD FACILITY APPLICATION AND PLAN REVIEW**.* Failure to provide all required information could delay your application.

Please check and sign you have included all required supporting documentation along with submission of the completed application.

Section 3:

- Menu
- Food Employee Certification

Section 4*:

- Sales tax license or proof of application

- Proof of municipal water supply (ex. A copy of a water bill)
OR
- DEP Approval Letter for a non-community public water system
OR
- Non-public water supply results **AND** affidavit / DEP documentation

*Signature within this section of the application is also required.

I have attached all required documentation for each section outlined above that are applicable to this plan review application. I have signed all applicable individual sections within the application. **Failure to provide documentation or sign all sections will result in a delay of processing and/or the application may be denied.**

Applicant Signature: _____

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The Department of Agriculture 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 Inspector or regional office at least ten (10) days prior to operation to arrange a licensing inspection. Inquiries regarding your application status should be directed to 717-787-4315 or RA-AGPlanReview@pa.gov.

All material **must be fully completed** and returned with any necessary accompanying documentation to:

RA-AGPLANREVIEW@pa.gov

or mail / fax to:

Pennsylvania Department of Agriculture
Bureau of Food Safety and Laboratory Services
Attn: Plan Review
2301 N. Cameron St, Room 112
Harrisburg, PA 17110

Fax: 717-787-1873

**If your county is under a County Health Department Jurisdiction, you should contact them directly for licensing. These counties include Allegheny, Bucks, Chester, Delaware, Erie, Montgomery, and Philadelphia.*

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

INSTRUCTIONS FOR COMPLETING THE RETAIL FOOD FACILITY APPLICATION CHANGE OF OWNERSHIP

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

SECTION 1:

This application is for actively operating facilities (operational in the last 3 months) who are changing ownership but maintaining essentially the same food service operation. Change of ownerships are required to submit an application **prior to** the sale and preparation of foods. Retail food licenses are NOT transferrable between owners. If the application has been submitted in a timely manner (at least 30 days prior to the owner change), the facility may continue operation until the licensing inspection. If the inspector has not contacted you at least 10 days prior to the change of ownership date, the applicant should contact the Regional Food Safety Office.

SECTION 2:

This section captures information about your facility including owner type and the legal business information. Enter the most responsible official at the facility, if that is not the owner, who the inspector can contact to review information.

SECTION 3:

This section captures information about your facility including the days and hours of operations, type of food service and menu. Explain the changes that will take place as part of the ownership change. If significant food service or menu changes are taking place (*ex: Asian food facility changing to American style food*) involving remodeling or equipment additions, a RETAIL FOOD FACILITY APPLICATION AND PLAN REVIEW FOR REMODELS must be completed in addition to this application. A copy of the new menu must be submitted with this application. Change of ownerships should also complete employee information related to food employee certification and training.

SECTION 4:

This section captures information related to compliance with local planning, zoning, building, fire codes, etc. as well as requirements of the Department of Environmental Protection and Department of Revenue. Some of this information may need verified with the property or building owners/operators. It is your responsibility to assure compliance with other applicable laws and regulations.

Change of ownerships must contact the PA Department of Revenue for information on obtaining a license to collect sales tax. A copy of the sales tax license or proof of application is required with this application. You can contact the **Department of Revenue** at (717) 787-8201 or apply online at <https://www.pa100.state.pa.us/Registration.htm>

Change of ownerships must contact the Department of Environmental Protection (DEP) to update information even if a PWS (Public Water System) number is assigned to the facility. To determine if your water supply should be regulated by DEP you must contact your local DEP office by visiting the website below or calling 717-787-9633 for more information. <http://www.depgreenport.state.pa.us/elibrary/GetDocument?docId=8435&DocName=DEP%20OFFICE%20AND%20COUNTY%20HEALTH%20DEPARTMENT%20CONTACT%20INFORMATION%20BY%20COUNTY.PDF%20>

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SECTION 5:

Enter the **date** the retail food facility is anticipating the legal change of ownership will occur. 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, 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 'Senior' officials name indicated on the application (if applicable).** If, in the future, the Senior Official's name on the license is not correct, a written document must be provided to the Department signed by the 'new' company official.

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This application is **NOT** for NEW Retail Food Facilities, Mobile Food Facilities, or Retail Food Facilities in Local Health Departments.

7 Pa. Code, Chapter 46, Food Code, the Rules and Regulations of the PA Department of Agriculture, are issued under the Retail Food Facility Safety Act (3 Pa. C.S.A. §§5701 - 5714) and require 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. The Retail Food Facility Safety Act also requires that "New" Proprietors, or Owners, of a Retail Food Facility apply for licensing as all licenses are non-transferable between proprietors.

SECTION 1: COMPLETE AND MOVE TO SECTION 2

PURPOSE OF THE APPLICATION

Change of Ownership (Retail Food Licenses are NOT transferable between owners)

A currently operating food business that will have new ownership but will maintain essentially the same menu type and food service style. The facility has been actively licensed and operational within the last 3 months.

** If the facility has been non-operational for longer than 3 months, **DO NOT complete this application** – you must complete the full **RETAIL FOOD FACILITY APPLICATION AND PLAN REVIEW**.*

If there is remodeling, menu changes or equipment addition planned, you must complete the **RETAIL FOOD FACILITY APPLICATION AND PLAN REVIEW FOR REMODELING in addition to this change of ownership application.*

SECTION 2: COMPLETE AND MOVE TO SECTION 3

FACILITY INFORMATION

NAME OF FACILITY: (Common Public Name familiar to the consumer)

ADDRESS OF FACILITY:

Facility street number and name	City	State	Zip code
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County	Township/Borough
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() Facility phone number	() Facility fax number
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Facility email address	() Facility cell number or alternate phone number
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MAILING ADDRESS: (if different than above)

Mailing Street number and name	City	State	Zip code
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RESPONSIBLE OFFICIAL AT THE FOOD FACILITY: (required if ownership is not a person(s), such as a sole proprietor or partnership)

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

LEGAL BUSINESS OWNERSHIP NAME:

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

Owner street number and name	City	State	Zip code
(_____) _____	(_____) _____	_____	_____
Owner phone number	Owner fax number	Owner e-mail address	

FILL IN DETAILED INFORMATION FOR YOUR PROPRIETORSHIP ON PAGE 8 OF THIS APPLICATION.

SECTION 3: COMPLETE AND MOVE TO SECTION 4

FACILITY SERVICE INFORMATION

Is the facility days and times of operation changing? NO YES*

Is the type of service changing? NO YES*

Is the menu changing? NO YES* **A menu must be attached (whether answered YES or NO).**

*Explain any YES answers: _____

EMPLOYEE INFORMATION:

Anticipated # of employees/volunteers, including owner: _____

Do you have a Certified Food Manager on staff?

YES, **attach** copy of National Certificate (ANSI Approved Managers Exam)

NO, do you have a person-in-charge enrolled in Food Safety Training?

YES, name, date, and location of course: _____

NO, explain: _____

Exempt (non-profit) or other exempt facility

Do you have an employee health policy? NO YES

Do you have a written employee policy for cleanup of vomiting or diarrheal events in the facility? NO YES

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SECTION 4: COMPLETE AND MOVE TO SECTION 5

ZONING AND OTHER CODES

SALES TAX:

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. A copy of the sales tax license or proof of application is required with this application.

Per the PA Department of Revenue rules and regulations, I have determined that my business is exempt from collection of sales tax.

I certify the facility is compliant with the above requirements and all applicable supporting documentation is attached.

Applicant Signature: _____

WATER SUPPLY:

WATER:

You must contact the Department of Environmental Protection (DEP) to determine if your facility qualifies as a public water system (PWS). If DEP determines your facility qualifies as a public water system, then the water supply must be approved by DEP. **Written documentation** must be provided including your assigned Public Water System (PWS) ID# and **approval letter** from DEP. If DEP determines your facility does **NOT** qualify as a public water system, **written documentation** from DEP must be provided and **current water tests for Total Coliform (4 initial samples in 24 hours) and 1 initial sample for Nitrate/Nitrite.**

The facility is using:

The facility is using:

A municipal (community) water supply.
Provide name of municipal water supplier: _____ (ex: Pa American Water)
AND copy of water bill.

A non-community water supply that is not owned/operated by the facility.
Provide name of the regulated water supplier and its Public Water System ID#:
_____ (ex: The Shopping Plaza, Public Water System ID#: 1111111)

A non-community public water supply regulated by Department of Environmental Protection (DEP). Provide Public Water System (PWS) ID#: _____ **AND DEP Approval Letter**

Other / Private water supply (ex: well water). **Provide Affidavit from DEP AND water supply test results.**

I have attached proof of municipal water supply OR I have contacted DEP and attached my approval letter OR I have attached my non-public water supply results and affidavit/DEP documentation. **Failure to provide written proof from DEP will result in denial of plans from this Department.**

Applicant Signature: _____

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SECTION 5: ALL APPLICANTS READ AND SIGN

FACILITY OPENING:

Anticipated date of ownership settlement for the facility: (date)

There are NO fees associated with this 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**

Other fees

- Annual Renewals – \$82
- 2nd Follow-up Inspection – \$150
- 3rd or Subsequent Follow-up Inspection – \$300
- Duplicate License – \$14
- Courtesy Inspection – \$150

This application and all other requested materials, as listed above, should be **submitted to RA-AGPlanReview@pa.gov or the Harrisburg Office via mail/fax**, as listed on the cover letter. Please allow 4-6 weeks for processing of your application from the date of submission. You may be contacted by the Plan Review Specialist requesting further clarification or information. The Food Inspector will contact you to confirm the legal date of ownership change and arrange for an inspection. An on-site inspection will then occur, and licensing fees will be collected at that time.

**RETAIL FOOD FACILITY LICENSE APPLICATION
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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 (attach additional partner information if appropriate):

_____ Signature – General Partner	_____ Signature – General Partner
_____ Legibly Print Name	_____ Legibly Print Name
_____ _____ Date Date of Birth	_____ _____ Date Date of Birth

CORPORATION / ASSOCIATION / NON-PROFIT ENTITY:

Name of Corporation or Non-Profit Entity

_____ Name of current CEO/President/or similar	_____ Official Title	_____ Date of Birth of CEO/President/or similar
_____ Signature of Corporate / Association / Non-Profit Official		_____ Official Title of Signatory
_____ Legibly Print Name	_____ Date	

LIMITED LIABILITY COMPANY (LLC) OR LIMITED LIABILITY PARTNERSHIP (LLP):

Name of LLC or LLP

_____ Name of Senior Official/General Partner, or Similar	_____ Official Title	_____ Date of Birth of Senior Official/General Partner, or Similar	
_____ Signature – Member	_____ Date	_____ Signature – Member	_____ Date
_____ Legibly Print Name	_____ Legibly Print Name		