APPLICATION PACKET
RETAIL FOOD FACILITIES

CHANGE OF OWNERSHIP

Any facility selling or serving food to the end consumer

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- Cover Letter & Mailing Addresses ........................................ Page 2
- Application Instructions ......................................................... Pages 3 - 4
- Application for Retail Food License ......................................... Pages 5 – 8 (Required)
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 fully completed and returned with any necessary accompanying documentation to the regional office as listed by county. If your county is not listed, your facility is under a County Health Department Jurisdiction, and should be contacted directly for licensing. These counties include Allegheny, Bucks, Chester, Erie, Montgomery, and Philadelphia.

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.

The Department of Agriculture, Food Inspector and/or Regional Food Safety Supervisor, will review the application. Please allow 4 weeks for processing. Your Food Inspector will contact you to confirm the legal date of ownership change and arrange for the initial licensing inspection. If you have not been contacted please contact your Food Inspector or Regional Food Safety Office at least 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
Phone: 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
Phone: 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
Phone: 570-836-2181 Fax: 570-836-6266

Region 4N/4S Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington and Westmoreland
226 DONOHUE RD, SUITE 101, GREENSBURG PA 15601
Phone: 724-832-1073 Fax: 724-832-1013

Region 5 Bedford, Blair, Cambria, Centre, Clearfield, Fulton, Huntingdon, Juniata, Mifflin and Somerset
3001 FAIRWAY DR, ALTOONA PA 16602
Phone: 717-705-5500 Fax: 814-793-1869

Region 6E/6W Adams, Cumberland, Dauphin, Franklin, Lebanon, Lancaster, Perry, Schuylkill, and York
2301 N. CAMERON ST, ROOM G11, HARRISBURG PA 17110
Phone: 717-346-3223 Fax: 717-346-3229

Region 7 Berks, Delaware, Lehigh, Northampton
1015 BRIDGE RD, COLLEGEVILLE PA 19426
Phone: 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.
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](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](http://www.depgreenport.state.pa.us/elibrary/GetDocument?docId=8435&DocName=DEP%20OFFICE%20AND%20COUNTY%20HEALTH%20DEPARTMENT%20CONTACT%20INFORMATION%20BY%20COUNTY.PDF%20)
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.
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 it 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:

<table>
<thead>
<tr>
<th>Facility street number and name</th>
<th>City</th>
<th>State</th>
<th>Zip code</th>
</tr>
</thead>
<tbody>
<tr>
<td>County</td>
<td>Township/Borough</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(_____ )</td>
<td>(_____ ) Facility phone number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility fax number</td>
<td>Facility cell number or alternate phone number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MAILING ADDRESS: (if different than above)

<table>
<thead>
<tr>
<th>Mailing Street number and name</th>
<th>City</th>
<th>State</th>
<th>Zip code</th>
</tr>
</thead>
</table>

RESPONSIBLE OFFICIAL AT THE FOOD FACILITY: (required if ownership is not a person(s), such as a sole proprietor or partnership)

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
</table>
RETAIL FOOD FACILITY LICENSE APPLICATION
CHANGE OF OWNERSHIP ONLY

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

REV 09.2019
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:

If the facility is a non-municipal water supply, a Change of Owner must contact the Department of Environmental Protection (DEP) to update information even if a PWS (Public Water System) number is assigned to the facility.

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, must be submitted to your local Regional Food Safety Office as listed on the cover letter. Please allow 4 weeks for processing of your application from the date of post marking. You may be contacted by your regional Food Inspector requesting further clarification or information. The Food Inspector will contact you with 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.
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

☐ PARTNERSHIP (attach additional partner information if appropriate):

Signature – General Partner

Legibly Print Name

Date

☐ 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

OFFICIAL USE ONLY

LICENSE TYPE: ☐ RETAIL FOOD LICENSE – PERMANENT ☐ LICENSE EXEMPT – BUT INSPECTED

Application Receipt date Applicant contacted date Method

REVIEWING INSPECTOR:

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