

**BOROUGH OF MEDIA**  
**301 NORTH JACKSON ST.**  
**MEDIA, PA 19063**  
**610-566-5210**

07/08/97

**FOR OFFICIAL USE ONLY** (Media Health License Form #3)

Payment received: \_\_\_\_\_  
Expires: \_\_\_\_\_  
License # \_\_\_\_\_

**APPLICATION FOR ANNUAL LICENSE TO OPERATE  
A PUBLIC EATING OR DRINKING ESTABLISHMENT**

Application is, hereby, made for a license to operate. By this application it is agreed that the establishment will comply with the provisions of the Media Health Rules & Regulations applicable to this type of establishment. It is further agreed that said establishment shall be open to inspection by the Health Officer or designated Agent of the Borough of Media.

Application for license renewal shall be made at least one month before expiration date of existing license. This license is not transferable.

Establishment's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax # \_\_\_\_\_

Proprietor's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Proprietor's Address \_\_\_\_\_

Telephone \_\_\_\_\_ EMERGENCY PHONE # \_\_\_\_\_

Establishment Hours & Days \_\_\_\_\_ Seating capacity \_\_\_\_\_

Total Square Footage \_\_\_\_\_ Dining Square Footage \_\_\_\_\_

Is water from a municipal or public supply?	Yes	No
Is the facility on public sewerage?	Yes	No
Are you or any employee certified as a food manager in any jurisdiction?	Yes	No

Jurisdiction certified \_\_\_\_\_ State Liquor License # \_\_\_\_\_

CFM Certificate # \_\_\_\_\_ Exp. Date \_\_\_\_\_

As required by PA ACT 62 of 1992, for the Establishment for which application is hereby being submitted, the following proof is enclosed that application has been made or receipt has been acquired of a Sales and Use Tax License or Exemption from the PA Department of Revenue. (Enclose copy as appropriate)

_____ Sales & Use Tax License	_____ Sales & Use Exemption Certificate
_____ Completed Sales Tax Application	_____ Occupancy Certificate

I, \_\_\_\_\_, hereby, certify that the facts set forth on this application are true  
(print name of proprietor or authorized agent)  
and correct to the best of my knowledge and understand that the submission of false or misleading information is grounds for suspension or revocation of said license, fines and/or other legal action.

\_\_\_\_\_  
(Signature of Proprietor or Authorized Agent) Date

\_\_\_\_\_  
(Title of Proprietor or Authorized Agent)