

Media Municipal Center
301 N. Jackson Street
Media, PA 19063
Phone: 610-566-5210

FOR OFFICIAL USE ONLY

Payment Received _____

Expires _____

License# _____

BOROUGH OF MEDIA

BOARD OF HEALTH

APPLICATION FOR LICENSE AND INSPECTION FEE

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 Borough Health Department Rules and Regulations applicable to this type of establishment. It is further agreed that said establishment shall be open to inspection by the Media Borough Health Department. Any changes in application, owner/manager must contact Health Office (eg. Vendor change, frequency of trash pick-up, etc.) Contractors must be registered and obtain necessary permits with Media Borough in order to work in your establishment.

Application for license renewal shall be made at least one month before expiration of existing license. **The license is not transferable.** Failure to submit application prior to expiration, shall result in issuance of citation and fines.

PLEASE PRINT

Eating & Drinking

Establishment

Name _____

Address _____

Proprietor's */Corporate Contact

Name _____

Address _____

Telephone _____ Fax _____

Manager's Name _____ Number of Seats _____ Sq. Foot _____

Address _____

Establishment Telephone _____ Establishment Fax _____

Estimated #of Patrons Per Day _____ email address _____

Establishment hours _____

Do you have a certified Food Manager? _____ Name: _____

CFM Certificate # _____

Expiration Date _____ Total # of employees _____

(Please attach a copy of certificate)

ESTABLISHMENT REQUIREMENTS

Name & Phone number of GREASE TRAP CLEANER _____

How often are traps cleaned _____

Exhaust hood/filters cleaning frequency _____

Name and Phone number of Commercial Hood Cleaning Company _____

Give name & address of your PRIVATE GARBAGE/REFUSE COLLECTOR _____

How often are collections made _____

Give name and Phone number of your RECYCLING COLLECTOR _____

(COMMERCIAL ESTABLISHMENTS ARE REQUIRED TO RECYCLE ACCORDING TO RECYC & WASTE (ACT PA 101)

How often are collections made? _____

Give name and address of your EXTERMINATING SERVICE _____

How often are establishments exterminated _____

Give name and Phone number of your Plumbing Contractor _____

Is Plumber registered to work in Media? _____

As required by PA Act 62 of 1992, all new establishments applying for license must submit proof 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: (check one and enclose copy):

____ Sales & Use Tax License; ____ Sales & Use Tax Exemption Certificate; ____

Completed Sales Tax Application; ____ Annual Mercantile Tax paid \$ ____

I, _____, hereby, certify that the facts set forth (Print name of Proprietor or Authorized Agent) on this application are true and correct to the best of my knowledge. I understand that the submission of false or misleading information is grounds for legal action.

Date

(Signature of Proprietor or Authorized Agent)

(Title of Proprietor or Authorized Agent)

*Proprietor is defined as the person, partnership, association or corporation conducting a public food service facility. If ownership is a partnership or corporation attach a list of all partners or corporate officers along with their home addresses and phone numbers.

Attention:**If any of your food is prepared off the premises include a copy of the current license and latest inspection of the establishment where the food is prepared, as well as verification by the establishment owner that your food is being prepared there. Your application will not be considered without these documents.

INSPECTION DATE _____
LICENSE SENT _____