

## RETAIL FOOD ESTABLISHMENT LICENSE

## RETAIL FOOD ESTABLISHMENT LICENSE APPLICATION:

Licensee: Person or Business Na	me:						
Email:		Office Phone:			Cell Phone:		
Type of Business: (Circle One)	Со-ор	Corporation	LLC	LLP	Sole Proprietorship	Non-Profit	Partnership
Address:							
Facility Name: Physical Location	ı:						
Address:							
Email:		Office Phone:			Cell Phone:		
24 hour Contact Person:				Title:			
License Plate Number if Food T	ruck/ Ic	e Cream Truck	: State				
TYPE OF LICENSE: (New Establishment* \$200 fee Renewal** \$150 fee Late Fee \$35 fee	Ten Boro				Mobile Food/ Ice Cream Trk New* \$200 fee Mobile Food/ Ice Cream Trk Renew \$150 fee Farmers Market Vendor \$0 fee		
If Required: APPLICATIONS CERTIFICATES FOR THE E			СОРҮ С	F THI	E FOOD HANDLER	MANAGER	
ATTACH CHECK OR MONE	EY ORD	ER PAYABLI	ЕТО: В	orough	of Ambridge I	OO NOT SE	ND CASH!
MAIL TO: Borough of Ambrid	ge, Heal	th Officer, 600	Elevent	h Stree	t, Ambridge, Pa. 1500	3.	
Applicant Must Print and Sign P	below: Al	l the information	on provi	ded on	and with this applicat	ion is correct.	
Print		Sign			Date		
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For questions contact the Health Officer, Patrick McGuire, 724-968-9263.

<sup>\*</sup>All New Establishments must complete the additional New Facility Application for a license to be processed. Processing time and issuance of a license may take up to 30 days.

<sup>\*\*</sup> A Completed License Renewal is due on or before the 5th day in which your license expires or a late fee will be added. **Incomplete applications will not be accepted.** Application must include all copies requested to be complete.