

Bureau of Health
123 South 3rd Street
2nd Floor
Easton PA 18042
610-250-6608
610-250-6607 fax
jklabunde@easton-pa.gov
www.easton-pa.gov

EATING & DRINKING/FOOD ESTABLISHMENT LICENSE APPLICATION

Please print or type the information requested below. Return your completed Application with the processing fee/license fee of \$______ to the address listed.

Application type:

New Establishment License Renewal Change-of-Ownership

PART A	
ESTABLISHMENT INFORMATION	OWNERSHIP INFORMATION
Name	Owner/Proprietor
Street Address	☐ Partnership
Easton PA 18042	Corporation (if checked, fill out information below)
Phone	Corporation Name
Fax(Important for product recall & public health emergencies)	Street Address
Email(Important for product recall & public health emergencies)	City, State, Zip Code
Website	
LIST PRINCIPALS OF BUSINESS	
Owner #1	Owner #2
Name	Name
Street Address	Street Address
City, State, Zip Code	City, State, Zip Code
Phone	Phone
Fax	Fax
Email	Email

PART B					
Seating	-	-			
What is your indoor seating capacity?		Have you applied f	What is your outdoor seating capacity? Have you applied for your outdoor seating? If not, please contact 610-250-6608.		
DAYS AND HOUR	S OF OPERATION				
Sunday	to	Thursday	to		
Monday	to	Friday	to		
Tuesday	to	Saturday	to		
Wednesday	to				
PART C					
All questions MUST	be answered in order to have	e your licensed processed.			
PART D					
	equipment below including rethe manufacturer's diagrams. Sa	efrigerator and cold storage un ample included)	its:		
<u>Make</u>	e/Model of Unit		<u>Temperatures</u>		
,					

PART E			
Are hot foods kept at 135 degrees Fahrenheit or above at all times?	Yes	No	
Are hot foods reheated to 165 degrees Fahrenheit rapidly before being ser	ved or Yes	placed No	
If a commercial dishwasher is used, what is the final rinse temperature?			
Is a three-compartment sink used in dishwashing?	Yes	No	
What type of sanitizer is used (Chlorine, Iodine, Quaternary Ammonium	or othe	r)? Be	specific.
What is the sanitizer concentration in parts per million (ppm)?	_		
(To get the ppm you need, ph paper can be obtained at any bar/res	taurant	supply	y store)
If there are no facilities for proper dishwashing, are single service articles	used?	Yes	No
Is an ice machine located on the premises?	Yes	No	
If there is no ice machine on premises, where is the ice purchased?			
Is your water source from a municipal system?	Yes	No	
All grease traps and interceptors must be cleaned on a regular basis to pre cleaned?	vent di _	rect dis	scharge. How often are they
An approved refuse hauler must remove all garbage.			
List hauler's name			
A professional exterminator must maintain rodent & insect control. Pleas and list exterminator's name			py of your most recent report
Is there a specified smoking area for employees?	Yes	No	
You are required to have a probe – type thermometer to verify product terregular basis?	mperati Yes	ure. Ar No	re food temperatures taken on a
It is a requirement that all food preparation personnel have clean, light co uniform/dress requirement?	lored a Yes	pparel. No	Does your facility have a
Is your consumer advisory listed at the bottom of all menus in compliance requirement by the City of Easton?	e with t Yes	the Peni No	nsylvania Food Code as a
• "Consuming raw or undercooked meats, poultry, seafood, she	llfish o	r eggs	may increase your risk of

food borne illness"

You must also attach a copy of your Pennsylvania Department of Agriculture Certification and keep the original posted in your establishment.

By signing this statement you attest to the accuracy of the information provided in the application and that you will comply with the Food and Food Handling Code, Chapter 46 of the Department of Agriculture.

Signature	Date
Applicant's Name (printed)	
Title	Phone
Official Use Only	
Amount Received:	Date Received:
License Number:	Business No:
License Expires:	Grease Trap Permit No:
90 License Expiration: (If applicable)	
	Date
Health Official	