



**CITY OF EASTON**

**Bureau of Health**

123 South 3<sup>rd</sup> Street

2<sup>nd</sup> Floor

Easton PA 18042

610-250-6608

610-250-6607 fax

[jklabunde@easton-pa.gov](mailto:jklabunde@easton-pa.gov)

[www.easton-pa.gov](http://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 \_\_\_\_\_

Street Address \_\_\_\_\_

(Important for product recall & public health emergencies)

Email \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

(Important for product recall & public health emergencies)

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? \_\_\_\_\_

What is your outdoor seating capacity? \_\_\_\_\_

Have you applied for your outdoor seating?  
If not, please contact 610-250-6608.

**DAYS AND HOURS 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 your licensed processed.

List all places you will be purchasing your food products from:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART D**

List all food service equipment below including refrigerator and cold storage units:  
(Include photocopies of the manufacturer's diagrams. Sample included)

Make/Model of Unit

Temperatures

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**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.**

Applicant's  
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