

**BETHLEHEM HEALTH BUREAU
APPLICATION FOR FOOD SERVICE LICENSE**

APPLICATION FOR FOOD SERVICE FACILITY PLAN REVIEW

City of Bethlehem Health Bureau regulations require that properly prepared plans and specifications for construction, remodeling or alteration of a food service facility must be submitted to and approved by the Health Bureau before any construction, remodeling or alteration is begun. All such facilities must be licensed by the Bethlehem Health Bureau.

Please complete and submit **ALL** of the following information to the Bethlehem Health Bureau. The application will not be considered complete, and will not be accepted, if any information is omitted. Please note that personal information (cellphones, email, ect.) is for internal use only and will not be released to the public.

OWNER LICENSING INFORMATION

Name of Facility: _____

Address of Facility: _____ County: _____

Facility Phone Number: _____

Owner's Name: _____

Owner's Address: _____

Owner's Phone Number: (home) _____
(cell) _____
(office) _____

Owner's Email Address: _____

Emergency Phone Number: _____ (if different from Owner's Number)

Name to Appear on Health License: _____

** If ownership is a firm, corporation, or partnership – List Firm Name and the name of all officers or partners.

Firm Name: _____

Firm Address: _____

Officer Name: _____ Phone: _____

Officer Name: _____ Phone: _____

Name of Responsible Agent if Other Than Owner: _____

Agent's Address: _____ Phone: _____

Position of Agent: (manager, contractor, designer, supplier, etc.) _____

FACILITY INFORMATION

Type of Facility: Restaurant Retail

Reason for Application: New Remodeled Conversion Change of Owner

Hours/ Days of Operation: _____

Name of Solid Waste Collector: _____

Name of Grease Recollection Company: _____

Does the Facility Have Public Water: Yes No

Does the Facility Have Public Sewer: Yes No

Type of Service: Provide a brief description of the proposed food and beverage service and nature of operation. This should include an intend menu which should be attached to application.

SERVSAFE: Name and Certification Number of Certified Individual:

RESTAURANT ONLY:

Is the Establishment: Take Out Only Sit Down? If Sit Down, Seating Capacity? _____

RETAIL ONLY:

Total Square Footage of Facility: _____

Anticipated Construction Date: _____

Anticipated Opening Date: _____

Signature of Applicant: _____ Date: _____

APPLICATION FEES:

- **NEW ESTABLISHMENT OR CHANGE OF OWNER WITH ALTERATIONS: \$250.00**
- **CHANGE OF OWNER ONLY WITH NO ALTERATIONS OTHER THAN COSMETIC CHANGES TO THE FACILITY: \$125.00**

****NOTE: Application is incomplete if application fee is not received and information is not complete. Plans will not be reviewed until fee and complete application is received.**

**Attach all Plans, Fees and Specifications and Submit to:
Tina Roberts, Permit Coordinator
10 E. Church Street
Bethlehem, PA 18018**