

**2026 HEALTH LICENSE APPLICATION – DUE 11/30/2025**



**2026 CHURCH with Food Establishment License Renewal Application**

**CUSTOMER NUMBER: (Located on top left of invoice)** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Facility Phone Number:** \_\_\_\_\_

**Facility Email Address:** \_\_\_\_\_

**Emergency & Inspection Contact Person:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_ **Contact email:** \_\_\_\_\_

**OFFICE HOURS:**

Sunday: \_\_\_\_\_ to \_\_\_\_\_  Closed All Day

Monday: \_\_\_\_\_ to \_\_\_\_\_  Closed All Day

Tuesday: \_\_\_\_\_ to \_\_\_\_\_  Closed All Day

Wednesday: \_\_\_\_\_ to \_\_\_\_\_  Closed All Day

Thursday: \_\_\_\_\_ to \_\_\_\_\_  Closed All Day

Friday: \_\_\_\_\_ to \_\_\_\_\_  Closed All Day

Saturday: \_\_\_\_\_ to \_\_\_\_\_  Closed All Day

**Name of Garbage Hauler and Frequency of Pick-up:** \_\_\_\_\_

*I hereby certify that all information listed above is complete and accurate to the best of my knowledge. I further understand that failure to complete any portion of this application and/or failure to submit the appropriate fee, or Food Employee Certification will result in the City of Bethlehem Health Bureau to consider this application incomplete. Failure to make necessary changes by expiration dates will result in late fees being assessed.*

**Name of Responsible Party:** \_\_\_\_\_ **Signature of Responsible Party:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_

**Please Turn Over**

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**COMMISSARY INFORMATION**

If your facility serves as a commissary, list the names of all businesses using your kitchen:

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Submittal Checklist (please make sure the following are included prior to submitting):

- \*\*\*\*COMPLETED** Application
- Copy of Invoice
- Check/ Money Order payable to "City of Bethlehem"
- Applicable Late Fee