

**CHESTER COUNTY HEALTH DEPARTMENT**  
**Chester County Government Services Center**  
601 Westtown Road Suite 288  
P O Box 2747  
West Chester, PA 19380-0990  
(610) 344-6689 Fax: (610) 344-5934

<b>FOR OFFICIAL USE ONLY</b>	
Payment Received	_____
Receipt #	_____ Date _____
Expires	_____
Global ID #	_____

**APPLICATION FOR LICENSE TO OPERATE A TEMPORARY FOOD FACILITY**

Application is, hereby, made for a License to Operate. By this Application it is agreed that the Temporary Food Facility will comply with the provisions of the Chester County Health Department Rules & Regulations applicable to this Temporary Food Facility. It is further agreed that said Temporary Food Facility shall be open to inspection by the County Health Department.

Application for License must be received by this Department at least **five working days** prior to the event to allow for the processing of paperwork and for inspections. The License is not transferable.

Send **Thirty Dollars (\$30.00) License Fee** for a fourteen (14) consecutive day or less event held at one site with the completed Application to the above address.

**▶ Tax-Exempt Organizations Note:** License Fee is Twenty-five Dollars (\$25.00) for up to 14 consecutive days. **<**

Make check or money order payable to, "**TREASURER OF CHESTER COUNTY**", **DO NOT SEND CASH.**

**P L E A S E   P R I N T**

Name of Stand or Booth: \_\_\_\_\_ Food Facility Operator's \* Name: \_\_\_\_\_

PHYSICAL LOCATION OF EVENT
Address: _____
Township Borough or City: _____

Operator's Address: \_\_\_\_\_

Operator's Telephone #: \_\_\_\_\_

Sponsor of Event: \_\_\_\_\_

Sponsor's Telephone #: \_\_\_\_\_

Dates of Operation: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Setup Time: \_\_\_\_\_  
(Set up must be one hour before start of Event)

Rain Dates: \_\_\_\_\_

Name of Certified Food Manager (CFM): \_\_\_\_\_ CFM Expiration Date: \_\_\_\_\_

As required by PA Act 62 of 1992 for the Food Facility for which Application is hereby being submitted, the following proof is enclosed that application has been made or receipt has been acquired of a Sales and Use Tax License or Exemption from the PA Department of Revenue. **Check appropriate box and enclose a copy.**

- Sales and Use Tax License       Sales and Use Tax Exemption Certificate       Completed Sales Tax Application

I, \_\_\_\_\_, hereby, certify that the facts set forth on this application are true  
(Print Name of Operator or Authorized Agent) \*  
and correct to the best of my knowledge and understand that the submission of false or misleading information is grounds for legal action.

\_\_\_\_\_  
(Signature of Operator or Authorized Agent)      Date \_\_\_\_\_

\_\_\_\_\_  
(Title of Operator or Authorized Agent)