

CITY OF ALLENTOWN

IMPORTANT NOTICE

AS OF SEPTEMBER 1, 2012 – ALL PLANS REQUIRING 3RD PARTY REVIEW MUST BE SUBMITTED TO ONE OF THE FOLLOWING APPROVED 3RD PARTY REVIEW SERVICES

Barry Isett & Associates
85 South Route 100
Allentown, PA 18106
mvega@barryisett.com
(610) 398-0904

CodeMaster Inspection Services
1209 Hausman Road
Allentown, PA 18104
ifno@codemaster.info
(484) 223-0763

You must submit your architectural plans directly to one of the above services of your choice. You are responsible for any and all fees associated with these services. Plans certified by any other 3rd party service will not be accepted.

Once your plans have been approved by the 3rd party agency, please contact the Construction Code Supervisor at (610) 437-7602 to make an appointment to submit your plans. **Plans are accepted by appointment only.**

Please note that you will need to submit two (2) sets of sealed 3rd party reviewed plans to the City of Allentown for final approval. Should your project involve Health Department approval, you will then need to submit three (3) sets of plans, of which one set of plans must be submitted with your Health Bureau plan review application and the other two (2) sets must be submitted to Building Inspections.

Building Inspections and the Health Bureau's Environmental Health Services offices are located at:

Health Bureau
City of Allentown (City Hall)
435 Hamilton Street – 4th Floor
Allentown, PA 18101
Phone: (610) 437-7759

Construction Codes Superintendent
City of Allentown (City Hall)
435 Hamilton Street – 4th Floor
Allentown, PA 18101
Phone: (610) 437-7602

A GUIDE TO OPENING OR RENOVATING A FOOD SERVICE ESTABLISHMENT IN THE CITY OF ALLENTOWN

INTRODUCTION

The information contained in this packet is intended to serve as a guide to the Health Bureau's requirements that must be met in order to be licensed as a food service establishment. Please read it carefully and follow the directions in each section. If you are unsure about any step in the plan review application process, please contact your Health Bureau sanitarian at (610) 437-7759. We will be glad to answer your questions or to further explain the plan review procedure. This packet contains the following forms.

- THE PLAN REVIEW PROCESS (BELOW)
- HOW TO PREPARE A PLAN (GREEN)
- PLAN REVIEW APPLICATION (YELLOW)
- APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE (WHITE)
- BUSINESS REGISTRATION QUESTIONNAIRE (WHITE)
- SOLID WASTE / RECYCLING COLLECTION PROFILE (BLUE)
- MANDATORY RECYCLING LETTER (WHITE)
- PERSON IN CHARGE / FOOD EMPLOYEE CERTIFICATION (WHITE)

THE PLAN REVIEW PROCESS

Instructions:

Read and follow each of the steps below in order. Please understand that Steps 1 through 6 must be completed **BEFORE** any construction, alteration or remodeling can begin at your site. Step 7 must be completed at least two (2) weeks before your facility opens.

The process described below covers **ONLY** what must be done to meet the Health Code. Please be aware that requirements of all other local codes (e.g., Zoning, Building Inspections, Finance, etc.) must also be met. In addition, State agencies such as the PA Department of Revenue, PA Liquor Control Board, PA Department of Agriculture and the PA Department of Labor and Industry may also regulate your facility. See the Agency list below for contact information.

- Step 1.
- A. Contact the City's Zoning office (4th Floor, City Hall) to make sure that a food service facility is allowed at the location you have selected.

B. CONTACT THE CITY'S PLANS EXAMINER IN THE BUILDING INSPECTION OFFICE (4TH FLOOR, CITY HALL) TO DETERMINE IF CERTIFIED PLANS PREPARED BY AN ARCHITECT WILL BE REQUIRED.

- Step 2. Prepare your plans:
If certified plans are required, you must submit a preliminary plan draft to the Health Bureau **before** having your plan certified. Your preliminary plan will be reviewed and any changes will be discussed with you so that they can be incorporated into your certified plan.
If certified plans are not required, you may submit neatly drawn plans like the "SAMPLE PLAN" found in the "**HOW TO PREPARE A PLAN**" section of this packet.
- You are required to provide 1 copy of your plan to the Health Bureau **and** 2 copies to the Building Inspections office.
- Step 3. Complete and submit each of the following items to the Health Bureau:
A. One (1) copy of plans or layout drawing.
B. Plan Review Application (yellow-attached)
C. Application for Food Service License (white-attached)
D. Application Fee (Application will **not** be processed without fee.)
- Step 4. Meet with a Health Bureau sanitarian to discuss your application and get a plan approval slip. After you receive a Health Bureau plan approval slip, **you may NOT proceed with any work until you have obtained all necessary permits** (e.g., alteration, plumbing, electrical) from the City Building Inspections Office.
- Step 5. Obtain all necessary construction permits.
- Step 6. Complete and submit a Business Registration questionnaire to the City Tax Office (Room 215, City Hall).
- Step 7. Make arrangements for solid waste and recycling collection, complete the Solid Waste/Recycling Profile (attached) and submit it to the Health Bureau.

AGENCY REFERENCE LIST

- Zoning Office (Site Approval) (610) 437-7630
- Building Inspections/Plan Examiner (Plan Requirements/Hood Installation) (610) 437-7592
- Fire Inspections (Fire Suppression System Operation) (610) 437-7758
- Business Tax Office (Business Registration) (610) 437-7501
- PA Dept. of Revenue (PA Sales Tax License) (610) 861-2000
- PA Dept. of Agriculture (Retail Food Sales/Frozen Dessert Machine Licenses) (610) 489-1003
- PA Liquor Control Board (Alcoholic Beverage Sales License) (610) 940-1200

HOW TO PREPARE A FLOOR PLAN

A. BEFORE YOU START – READ CAREFULLY

1. CONTACT THE BUILDING INSPECTIONS PLANS EXAMINER (610) 437-7592 TO FIND OUT:
 - A.) **MUST THE PLANS BE DRAWN BY AN ARCHITECT?** ALL PLANS (DRAWN BY ARCHITECT OR YOU) MUST INCLUDE THE EQUIPMENT INFORMATION AS OUTLINED IN SECTION B. BELOW.
 - B.) **WHAT TYPE OF VENTILATION HOOD/FIRE SUPPRESSION SYSTEM IS REQUIRED?** BUILDING CODE SECTION 507.12 STATES: "A TYPE I HOOD SHALL BE INSTALLED AT OR ABOVE **ALL** COMMERCIAL FOOD HEAT-PROCESSING EQUIPMENT THAT PRODUCES GREASE VAPORS OR SMOKE. A TYPE I OR TYPE II HOOD SHALL BE INSTALLED AT OR ABOVE **ALL** COMMERCIAL FOOD HEAT PROCESSING EQUIPMENT THAT PRODUCES FUMES, STEAM, ODOR OR HEAT."
 - C.) **WILL A GREASE TRAP BE REQUIRED?** IF SO, INDICATE LOCATION ON PLANS.
2. REVIEW THE FOOD SERVICE SANITATION RULES AND REGULATIONS IN THIS PACKET BEFORE DESIGNING YOUR FACILITY OR COMPLETING THE PLAN REVIEW APPLICATION (ATTACHED-YELLOW). PAY SPECIAL ATTENTION TO THE REQUIREMENTS HIGHLIGHTED IN SECTION C.
3. FOLLOW THE INSTRUCTIONS IN SECTION B. BELOW WHEN DRAWING YOUR PLANS. BE SURE TO INCLUDE ALL THE INFORMATION REQUESTED

B. DRAWING YOUR PLANS

BOTH A SITE PLAN AND A GENERAL FLOOR PLAN DRAWING MUST BE SUBMITTED. **REMEMBER, THE BUILDING INSPECTIONS PLANS EXAMINER WILL DETERMINE IF YOUR PLANS MUST BE DRAWN BY AN ARCHITECT OR IF YOU CAN DRAW YOUR OWN USING A PENCIL AND STRAIGHT EDGE.** IF YOU ARE DRAWING YOUR OWN, FOLLOW THE INSTRUCTIONS BELOW AND REFER TO THE SAMPLE PLAN ON REVERSE FOR GUIDANCE.

1. SITE PLAN SUBMIT A SKETCH OF THE ENTIRE PROPERTY SHOWING OUTSIDE FEATURES SUCH AS PARKING LOTS, TRASH STORAGE AREAS, ADJACENT BUILDINGS AND STREETS
2. GENERAL FLOOR PLAN SUBMIT ONE (1) COPY OF AN INTERIOR FLOOR PLAN **DRAWN TO SCALE** SHOWING THE LOCATIONS OF ALL THE ITEMS LISTED BELOW:
 - A.) ALL ROOMS IN THE BUILDING INCLUDING KITCHENS, BARS, DINING AREAS, RETAIL SALES, BASEMENTS, ETC.; INCLUDE DOORWAYS, RECEIVING DOORS, LOADING DOCKS, STAIRWAYS TO OTHER FLOORS, AND OTHER EXITS;
 - B.) RESTROOMS, INCLUDING SOAP DISPENSERS, HAND DRYING DEVICE OR TOWEL DISPENSER, TOILETS, URINALS, SINKS AND TRASH CONTAINERS;
 - C.) EMPLOYEE DRESSING OR LOCKER AREA (FOR STORAGE OF PERSONAL ITEMS);
 - D.) STORAGE AREAS FOR ALL FOODS, DISHWARE, COOKING UTENSILS, SINGLE SERVICE ITEMS, TOXIC CHEMICALS, ETC.;
 - E.) ALL FOOD SERVICE EQUIPMENT INCLUDING BOTH STATIONARY AND PORTABLE PIECES SUCH AS:

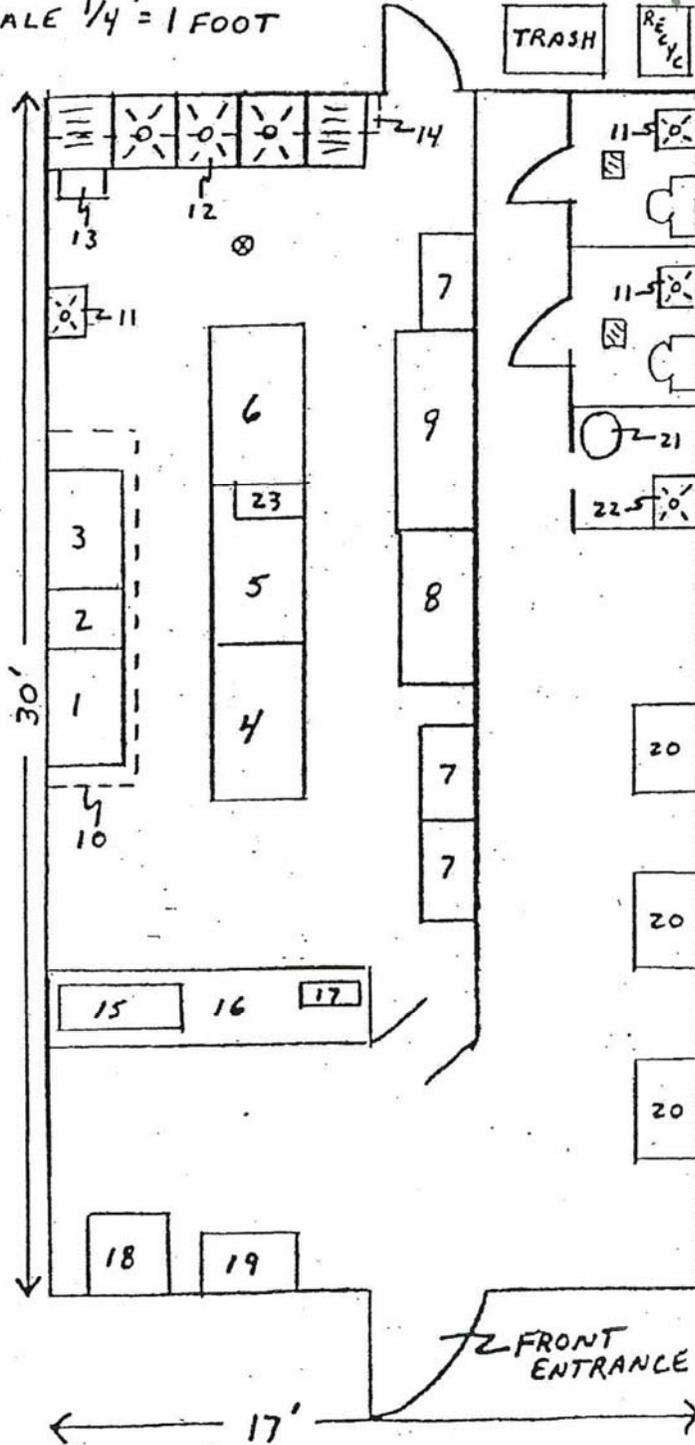
- REFRIGERATOR	- PIZZA PREP	- ICE MACHINE	- OVENS
- FREEZERS	- PREP TABLES	- STEAM TABLES/CABINETS	- MICROWAVES
- DISHWASHES	- DISPLAY CASES	- STOVES	- GRILLS
- BAIN MARIES	- DELI CASES	- FRYERS	- BROILERS
- SLICERS	- SODA TOWERS	- COFFEE/TEA BREWERS	- TOASTERS
- DRINK MACHINES	- MIXERS	- WALK-IN UNITS	- CHOPPERS
- POTATO PEELERS	- ICE BINS	- BULK FOOD CONTAINERS	- BUFFETS
 - F.) ALL HANDWASH SINKS.
 - G.) ALL SINKS USED FOR CLEANING AND SANITIZING UTENSILS OR FOOD PREPARATION.
 - H.) UTILITY (SLOP) SINK;
 - I.) ALL SANITARY WASTE FIXTURES, GARBAGE DISPOSAL, GREASE TRAPS, ETC.;
 - J.) SLOPED FLOORS AND FLOOR DRAINS OR ANY SLIP-RESISTANT TEXTURED FLOOR AREAS;
 - K.) VENTILATION SYSTEMS IN ALL AREAS INCLUDING ABOVE COOKING SURFACES, DISHWASHING AREAS, RESTROOMS, ETC.;
 - L.) SNEEZE GUARDS OR OTHER PROTECTIVE DEVICES IN DISPLAY AREAS;
 - M.) ANY INSIDE TRASH OR RECYCLABLES STORAGE AREAS;
 - N.) ANY INSECT CONTROL DEVICES (AIR CURTAINS, ETC.).

SAMPLE PLAN

XYZ STEAK SHOP
123 MAIN ST
OWNER'S NAME

SCALE 1/4" = 1 FOOT

NOTE: DO NOT SUBMIT HAND DRAWN PLANS OR PLANS WHICH YOU PREPARE ON A COMPUTER IF THE BUILDING INSPECTOR/PLANS EXAMINER REQUIRES PLANS CERTIFIED BY AN ARCHITECT



EQUIPMENT LIST

- 1- 6 BURNER STOVE/OVEN
- 2- DEEP FRYER
- 3- GRILL
- 4- BAIN MARIE
- 5- STAINLESS STEEL WORK TABLE
- 6- STEAM TABLE
- 7- STORAGE SHELVING
- 8- 2-DR FREEZER
- 9- 2-DR REFRIGERATOR
- 10- VENTILATION HOOD w/ ANSUL SYSTEM
- 11- HANDSINK (3)
- 12- 3-COMPARTMENT SINK
- 13- GREASE TRAP
- 14- STAINLESS STEEL SHELF
- 15- HOT HOLDING UNIT
- 16- COUNTER
- 17- SODA DISPENSER
- 18- SODA REFRIGERATOR
- 19- ICE CREAM FREEZER
- 20- DINING TABLES
- 21- HOT WATER HEATER
- 22- UTILITY SINK
- 23- SLICER

- ⊗ - FLOOR DRAIN
- ⊠ - CEILING VENT

C. FOOD CODE CONSTRUCTION REQUIREMENT HIGHLIGHTS

GENERAL

1. ALL PIPING, CONDUIT, CABLE AND SIMILAR CONSTRUCTION MUST BE EITHER LOCATED INSIDE A WALL OR INSTALLED WITH A MINIMUM 3/4 INCH SPACE FROM THE WALL OR SEALED TO THE WALL.
2. ALL DOORS TO THE OUTSIDE MUST BE SELF-CLOSING AND RODENT PROOF.
3. A.) ALL FOOD SERVICE EQUIPMENT MUST BE CERTIFIED FOR SANITATION BY THE NATIONAL SANITATION FOUNDATION (NSF), UNDERWRITERS LABORATORIES (UL), INTERTEK TESTING SERVICES (ETL) OR OTHER ANSI-ACCREDITED AGENCY.
- B.) ALL FLOOR MOUNTED EQUIPMENT MUST BE PLACED ON ANSI APPROVED SIX (6) INCH LEGS OR THE EQUIVALENT, AND PROPERLY SPACED FROM ADJACENT EQUIPMENT OR WALLS, OR PLACED ON NSF APPROVED CASTERS, OR THE EQUIVALENT, OR PROPERLY SEALED TO ALL ADJACENT SURFACES.
- C.) ALL COUNTER MOUNTED FOOD SERVICE EQUIPMENT WEIGHING OVER EIGHTY (80) POUNDS WILL BE MOUNTED ON ANSI APPROVED FOUR (4) INCH LEGS.
- D.) ALL EXPOSED WOOD SURFACES SUBJECT TO SPLASH MUST BE SEALED, OR LAMINATED WITH FORMICA OR SIMILAR MATERIAL IF INTENDED FOR DIRECT FOOD CONTACT.
4. ALL ANGULAR OPENINGS IN EQUIPMENT CONSTRUCTION MUST BE SEALED TO WITHIN 1/32 OF AN INCH.
5. WALL SURFACES IN FOOD HANDLING AREAS AND OTHER AREA SUBJECT TO SPLASH MUST BE LIGHT-COLORED, SMOOTH, EASILY CLEANABLE, AND NON-ABSORBENT, E.G., FIBERGLASS REINFORCED PLASTIC (FRP).
6. MINIMUM SINK REQUIREMENTS: 3 COMPARTMENT SINK WITH DRAINBOARDS, HANDWASH SINKS IN ALL FOOD PREP AREAS AND RESTROOMS, UTILITY SINK.
7. PROPERLY DESIGNED AND INSTALLED SNEEZE GUARDS ARE REQUIRED WHENEVER POTENTIALLY HAZARDOUS FOODS ARE SUBJECT TO CUSTOMER CONTAMINATION.
8. VENTILATION HOODS AND FIRE SUPPRESSION SYSTEMS MUST COMPLY WITH CITY BUILDING AND FIRE CODES.
9. ALL PAINTING MUST BE LEAD-FREE, NON-METALLIC ENAMEL PAINT OR A HIGH QUALITY VARNISH.
10. ALL RESTROOMS MUST HAVE SELF-CLOSING DOORS AND MECHANICAL VENTILATION IF NO WINDOW IS PRESENT.

PLUMBING

1. ALL PLUMBING INSTALLATIONS MUST BE IN ACCORDANCE WITH THE APPLICABLE CITY CODE.
2. HOT WATER HEATER CAPACITY AND RATING MUST MEET OR EXCEED PEAK USE DEMAND AS DETERMINED BY THE HEALTH BUREAU.
3. ALL SINKS AND LAVATORIES IN THE FOOD FACILITY MUST BE SUPPLIED WITH HOT (MINIMUM 120°F) AND COLD RUNNING WATER UNDER PRESSURE AND A COMBINATION OR PREMIXING FAUCET, SELF-CLOSING FAUCETS MUST PROVIDE A MINIMUM 15 SECOND FLOW. FAUCETS MUST REACH EACH SINK COMPARTMENT.
4. ANY GREASE TRAP REQUIRED MUST COMPLY WITH LOCAL BUILDING DEPARTMENT OR SEWER DISTRICT CODES.
5. BACKFLOW PREVENTION IS REQUIRED FOR ALL EQUIPMENT WITH A CONNECTION TO WATER SERVICE LINE INCLUDING HOSE ATTACHMENTS.

I HAVE READ THESE INSTRUCTIONS AND I UNDERSTAND THAT APPROVAL MAY BE DELAYED OR DENIED FOR ANY PLANS WHICH ARE NOT PREPARED ACCORDINGLY.

SIGNATURE

FACILITY NAME

PRINT NAME

ADDRESS

DATE

APPLICANT COPY (WHITE)
OFFICE COPY (GREEN)

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SIGNATURE

FACILITY NAME

PRINT NAME

ADDRESS

DATE

APPLICANT COPY (WHITE)
OFFICE COPY (GREEN)

**PLAN REVIEW APPLICATION
FOR FOOD SERVICE ESTABLISHMENTS**

GENERAL INFORMATION:

Food Service Sanitation regulations require that properly prepared plans and specifications for construction, remodeling or alteration of a food service establishment must be submitted to and approved by the Allentown Health Bureau **before any work can begin on the project.**

Please complete and submit this plan review application along with your plans to the Allentown Health Bureau.

Name of Establishment: _____

Address: _____ Phone #: _____

Owner's Name: _____ Phone #: _____

Mailing Address: _____ Email: _____

Name of responsible agent if other than owner: _____

Manager Contractor Designer Supplier Other (Specify) _____

PROJECT INFORMATION: New Renovation Project

IDENTIFIER # Change of Ownership

Provide a brief description of the proposed project. _____

Construction Start Date _____ Anticipated Completion Date _____

TYPE OF SERVICE:

Check each that applies

Table Service

Cafeteria Style

Take-out

Retail Grocery

Mobile Operation

Other (Specify)

Fill in Blanks

Total Number of Seats (including bar areas) _____

Square Footage _____

(food preparation, storage, display and dining areas)

Days/Hours of Operation _____

MENU INFORMATION: Please list your menu items or attach a copy of actual menu.

**FEATURES OF THE ESTABLISHMENT
COMPLETE AND SUBMIT WITH YOUR PLANS**

MATERIALS AND CONSTRUCTION – Indicate the type of material used in each area.

<u>Room/Area</u>	<u>Floor Covering</u> <small>(ex. vinyl composition tile, ceramic tile, quarry tile, terrazzo, sealed concrete, etc.)</small>	<u>Baseboard Coving</u> <small>(ex. molded vinyl, quarry tile, ceramic tile, etc.)</small>	<u>Wall Finish</u> <small>(ex. stainless steel panels, fiberglass reinforced panels (FRP) ceramic tile, sheetrock, etc.)</small>	<u>Ceiling Finish</u> <small>(ex. sheetrock painted with high gloss enamel, vinyl coated suspended tile, washable metal tile, etc.)</small>	<u>Lighting & Shielding</u> <small>(ex. fluorescent tubes in plastic sleeves with end caps, recessed fluorescents with light diffusers, etc.)</small>
Kitchen: Cooking					
Food Prep					
Dry Storage					
Dishwashing					
Serving					
Rest Room					
Janitor Closet					
Dining Area					
Retail Sales					
Bar Area					
Other (Specify)					

NOTES: _____

PLAN REVIEW CHECKLIST

This checklist contains items important to the safe and sanitary design of a food service establishment. Review your plans before they are submitted to be sure you have considered each item. Answer each question by checking the appropriate box.

	YES	NO	NOT APPLICABLE
1. Is ALL food service equipment certified by the National Sanitation Foundation (NSF) or other recognized agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Storage/Display Areas:			
a. Is there enough storage available for:			
(1) Dry goods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Single service items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Linens – clean and soiled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Cleaning Supplies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Pesticides and other toxic items to be stored separately away from foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Medication and first aid supplies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is food stored:			
(1) In the basement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Beneath open stairwells?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Beneath unprotected overhead plumbing lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) In restroom or vestibule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) On shelves at least 6" off floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is cold storage available in:			
(1) Walk-in refrigerators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Walk-in freezers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Reach-in refrigerators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Reach-in freezers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do hot food displays have:			
(1) An adequate heat source (to keep food above 135°F)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Sneeze guards that adequately* protect the food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	NOT APPLICABLE
(3) A metal stem thermometer to check food temperatures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do cold food displays have:			
(1) Adequate refrigeration (to keep food below 41°F)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Sneeze guards that adequately* protect the food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Thermometers in each refrigerator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Are any unpackaged items offered for self-service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Are self-service utensils (scoops, ladles, tongs) protected from contamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How? _____			
h. Is there enough storage provided to be able to keep clean utensils and kitchenware separate from soiled utensils and kitchenware?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Sneeze guards must intercept a straight line drawn between the food and the average customer's mouth as they stand at the display.

3. Equipment installation:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| a. Does installation of floor mounted equipment (e.g. ranges, mixers, fryers, etc.) allow cleaning on all sides and floor below? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is equipment such as sinks and counters properly sealed to walls, floors, and adjacent equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Is portable equipment on casters or light enough to be carried easily by person? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Water and Sewer Service:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| a. Is the facility connected to the City water supply? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is the facility connected to the City sewer service? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Warewashing:

- | | | | |
|-----------------------------------|--|--|--|
| a. Is a 3 compartment sink with 2 | | | |
|-----------------------------------|--|--|--|

	YES	NO	NOT APPLICABLE
drainboards provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is a dishwashing machine with chemical sanitization or 180°F rinse provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Does the water supply have:

a. Adequate flow and pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cold water temperature <70°F?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. General purpose hot water >120°F?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Booster heater for automatic dishwasher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Hot water heater capacity _____ gallons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TYPE (circle) GAS ELECTRIC			

7. Cross Connection Control:

a. Does your drinking water system have any:			
(1) Connections to food service equipment (ice machines, potato peelers, steamtables, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Does each piece of equipment above have a back flow protection device on the supply line?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does each drain line from food equipment have an indirect connection to the sewer system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is there a sprinkler system or water cooled air conditioning unit in your facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are any food handling or storage areas located below drain lines that do not have protection from leaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is an easily accessible grease trap Installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Restrooms:

a. Do you have separate restrooms for each sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does restroom meet ADA requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	NOT APPLICABLE
c. Must patrons walk through kitchen to reach restroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is there a self-closing device on the restroom door?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is there a covered waste receptacle in women's restroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are handwashing sinks provided:			
a. In every food prep area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. In each restroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. With soap dispensers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. With hand drying device (paper towel or hot air)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. With automatic shut off faucets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Solid Waste and Recyclables Storage and Collection – Do you have:			
a. Separate covered containers for trash and recyclables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Adequate container storage area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A place to clean containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Compactor provided (optional)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. A contract with a licensed hauler?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Insect and rodent control:			
a. Do all doors, windows and loading docks have screens or other controls provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outer doors have self-closures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ventilation/Fire Suppression in Kitchen:			
a. Is ventilation hood/fire suppression system installed above cooking surfaces in accordance with the current NFPA Code No. 96?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. List the source(s) of make-up air.	<hr/> <hr/>		

	YES	NO	NOT APPLICABLE
13. Is proper ventilation provided in:			
a. Toilet facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dressing rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Storage rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Serving and dining areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Dressing and locker rooms:			
a. Are these areas separate from all food preparation areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is there secure storage for your employees' personal belongings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Is the building exterior?			
a. Rodent-proof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sloped properly to prevent standing water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the parking lot?			
a. Paved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sloped properly to prevent standing water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee Information: Provide information on number and category of workers.

Employee Information:

Number of Employees per shift _____ Number of shifts _____

Counter Staff _____ Prep Workers _____

Wait Staff _____ Chefs/Cooks _____

Bartenders _____ Dishwashers _____

Buss Staff _____ Others (specify) _____

Name of Exterminator: _____ Phone #: _____

This application, the site plan, the floor plan, your license application and fee should be mailed or delivered to our offices at:

Allentown Health Bureau
Environmental Health Services
410 City Hall
435 W Hamilton Street
Allentown, PA 18101-1699

Phone #: (610) 437-7759
Fax #: (610) 439-5946

Signature of Applicant: _____

Date: _____

What are your normal business hours _____?

Do you anticipate remodeling or renovating your facility in the next 12 months? Yes No

Do you expect to purchase any new food service equipment in the next 12 months? Yes No

REMEMBER: You must contact the Health Bureau for approval before changing your facility or installing any new equipment.

Certified Food Employee			
Employee Name:	Course:	Certificate No.	Expiration Date

License Fee		
License Fee – all facilities types (except Non-potentially hazardous)		\$1.00
Operational Fee – New/Change of Ownership		
5,000 sq. ft. or less		\$274.00
More than 5,000 sq. ft. and less than 20,000 sq. ft.; no on-site food prep		\$349.00
More than 5,000 sq. ft. and less than 20,000 sq. ft.; with on-site food prep		\$449.00
More than 20,000 sq. ft.; with no on-site food prep		\$499.00
More than 20,000 sq. ft.; with on-site food prep		\$649.00
Non-profit		\$74.00
Mobile food unit		\$274.00
Non-potentially hazardous		\$0.00
Conditional License Fee		\$50.00
Operational Fee – Renewal		
Sit down – 75 seats or less		\$274.00
Sit down – more than 75 seats		\$399.00
Retail – 5,000 sq. ft. or less		\$224.00
Retail – more than 5,000 sq. ft. to 20,000 sq. ft.; no on-site food prep		\$299.00
Retail – more than 5,000 sq. ft. to 20,000 sq. ft.; with on-site food prep		\$399.00
Retail – more than 20,000 sq. ft.; no on-site food prep		\$449.00
Retail – more than 20,000 sq. ft.; with on-site food prep		\$599.00
Non-profit		\$74.00
Mobile food unit		\$249.00
Non-potentially hazardous		\$0.00
Conditional License Fee		\$50.00
Late Fee (maximum two months late fees, then subject to enforcement action)		\$35.00/month
Plan Review Fees		
Plan review: New/Change of owner, no alterations		\$125.00
Plan review: As a result of alterations, remodeling or new construction		
Facilities less than 5,000 sq. ft.		\$200.00
Facilities 5,000 sq. ft. to 20,000 sq. ft.		\$300.00
Facilities more than 20,000 sq. ft.		\$400.00
Reinspection Fees		
Charged for <u>each</u> reinspection that is required to verify the facility is in substantial compliance with Food Service Ordinance (invoiced separately).		\$100.00

CITY OF ALLENTOWN SOLID WASTE / RECYCLING CONTRACT PROFILE

NOTIICE TO FOOD SERVICE ESTABLISHMENTS: This form **must** be completed and submitted with your Application for a Food Service Establishment License.

ESTABLISHMENT

Name _____
Street Address _____
City, State, Zip _____
Phone _____

OWNER/OPERATOR

Name _____
Street Address _____
City, State, Zip _____
Phone _____

SOLID WASTE HAULER

Name _____
Street Address _____
City, State, Zip _____
Phone _____

RECYCLER

Name _____
Street Address _____
City, State, Zip _____
Phone _____

TERMS OF CONTRACT

From _____ To _____
Mo/Day/Yr Mo/Day/Yr
Days of Collection _____
Type of Containers _____ # _____
Total Weekly Volume _____ *
cubic yards

* Ask your solid waste hauler for this information.

TERMS OF CONTRACT

From _____ To _____
Mo/Day/Yr Mo/Day/Yr
Days of Collection _____
Type of Containers _____ # _____
Container Size _____
Materials generated to be recycled:

- _____ Clear, green & brown glass
- _____ Tin cans
- _____ Corrugated cardboard
- _____ High grade office paper
- _____ Aluminum cans

The information I have provided on this profile form is true and complete.

Signature and Title _____

Date _____



City of Allentown • Bureau of Recycling and Solid Waste
1400 Martin Luther King, Jr. Drive • Allentown, PA 18102 • 610-437-8729 • Fax 610-437-8732
www.allentownrecycles.org

CITY OF ALLENTOWN COMMERCIAL TRASH AND RECYCLING REQUIREMENTS

All businesses, day cares, institutions and non-profits in the City of Allentown are required by State law and City ordinance to recycle and must provide trash and recycling services at their own expense.

All of these materials listed below are required to be recycled by State law and City ordinance:

- High Grade Office Paper
- Corrugated Cardboard
- Newspaper
- Paperboard
- Mixed Paper
- Aluminum Cans
- Plastics #1- #7 (bottles, jugs, containers, etc.)
- Glass Food and Beverage Containers (clear, brown and green)
- Steel and Tin Cans
- Yard Waste

You have two options for trash and recycling collection:

1. Apply for approval to be included in the City curbside collection for trash and recycling services by completing an "Application for Inclusion" form (see reverse side). The form must be submitted along with payment (check or money order made payable to the "City of Allentown") for \$375 dollars. City service includes twice a week curbside trash collection (**5 bag limit per collection night**) and once a week curbside recycling collection (**unlimited**). Recycling bins are supplied upon the approval of your application.
2. Enter into a private contract with a licensed hauler for trash and recycling collection. Proof of a contract is required by the Bureau of Recycling and Solid Waste. You may mail or fax a copy of the contract to the Bureau office.

You may also take your recyclables to the Allentown Recycling Drop Off Center at no charge. The Drop Off Center is located at 15th Street and Martin Luther King Jr. Drive and is open for businesses Monday to Friday, 8:00 am - 4:30 pm and Saturday, 8:00 am - 12:00 pm.

Tickets and citations are issued for trash, litter and recycling violations. Using the City trash or recycling collection program without paying for it, not recycling the required materials, littered properties and poor trash handling procedures are violations and subject to fines.

If you have any questions about the City requirements, please call the Bureau of Recycling and Solid Waste at 610-437-8729.

More detailed information can be found at the websites listed below:

1. National Sanitation Foundation international
www.nsf.org
2. 3A Sanitary Standards
www.3-a.org
3. Bakery Industry Sanitation Standards Committee
www.bissc.org
4. US Food & Drug Administration-FDA Model Food Code
<http://www.fda.gov/Food/GuidanceRegulation/default.htm>
5. National Fire Protection Association
www.nfpa.org
6. Tile Council of North America, Inc.
www.tcnatile.com
7. PA Department of Labor and Industry Uniform Construction Code
<http://www.dli.pa.gov/ucc>
8. PA Department of Agriculture
www.agriculture.pa.gov/protect/foodsafety
 - a. Bakeries
 - b. Frozen Dessert License
 - c. Manufacturing
 - d. Specialized Processes at Retail

**ALLENTOWN HEALTH BUREAU
PERSON-IN-CHARGE AND FOOD EMPLOYEE CERTIFICATION
REQUIREMENTS FOR NEW AND CHANGE-OF-OWNER FACILITIES**

PERSON-IN-CHARGE (PIC) REQUIREMENTS

A knowledgeable person with supervisory authority over your facility's employees must be present at all times during your hours of operation and on each shift. That designated person is called the Person-in-Charge, or PIC. The PIC could be an owner, manager or any designated employee on duty at the facility. The PIC must have enough knowledge of the operation of the facility to assure proper food preparation and safety, cleaning and sanitizing, and employee practices and hygiene when the PIC is on duty. The Allentown Health Bureau (AHB) provides a free Person-in-Charge training on a monthly basis to assist you in meeting the knowledge requirements for your PIC's.

Within 60 days of opening your facility, you are required to have all PIC's employed at your facility attend a Person-in-Charge training session. Please speak with the sanitarian assigned to your facility or call 610-437-7759 to register your staff for the next free PIC training.

FOOD EMPLOYEE CERTIFICATION REQUIREMENTS

PA State law requires many facilities that offer or prepare food to employ at least one individual that has successfully completed a recognized Food Employee Certification course. Your need to comply with this state law is indicated below. If so indicated, you must provide at least one employee with the Food Employee Certification within 90 days of opening your facility. A list of local trainers can be found on the reverse side of this page for your convenience in locating a trainer.

An AHB sanitarian will be following up with you to confirm that you have met the Person-in-Charge requirement and, if required, the Food Employee Certification. Please contact AHB at 610-437-7759 if you have any questions regarding meeting these requirements.

<p>FOR AHB USE ONLY</p> <p><input type="checkbox"/> This facility requires Food Employee Certification</p> <p><input type="checkbox"/> This facility does not require Food Employee Certification</p>

Facility Name: _____ Address _____

Sanitarian _____ Date: _____

Owner/Operator _____ Date: _____

**ALLENTOWN HEALTH BUREAU
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Facility Name: _____ Address _____

Sanitarian _____ Date: _____

Owner/Operator _____ Date: _____

Local Food Employee Certification Training Providers

†* <u>Paster Training Solutions Inc</u>	Tara Paster	610-970-1776	www.pastertraining.com
* <u>Mark Bakos and Associates</u>	Mark Bakos	866-826-2682	markbakos@hotmail.com www.mbakosassociates.com
* <u>New Leaf Training Solutions</u>	Kristina Mack	877-283-0647	newleaftrain@gmail.com
†* <u>Northampton Community College</u>		877-543-0998	www.northampton.edu/lifelearn
* <u>DanaFoodSafety LLC</u>	Dana Baker	717-488-8040	servsafetraining@danafoodsafety.net www.danafoodsafety.net

For a complete listing of training providers in Pennsylvania go to the PA Dept of Agriculture website at: <http://eatsafepa.com/>

† *Offers course taught by a Spanish speaker*

* *Offers course materials and test in Spanish, Chinese and other languages*

**CITY OF ALLENTOWN
IN-CITY BUSINESS REGISTRATION QUESTIONNAIRE**

You are: Changing an existing account (OR) Registering a new business EFFECTIVE DATE _____

GENERAL INSTRUCTIONS: Complete all sections of the questionnaire, answering all questions in full. *All registrants must complete Signature Section C.* Mail completed form to: City of Allentown, Bureau of Revenue & Audit, 435 Hamilton Street, Room 215, Allentown, PA 18101. Any questions, please call 610-437-7507. An application fee of **\$35.00** must accompany the Business Registration Questionnaire.

Section A: This section must be completed for an Incorporated business or by persons who are Self-Employed and by each Partner of an unincorporated business. Additional copies of this form are available upon request, and on-line at: **www.allentownpa.gov**

Business Name		Federal EIN Number			
Legal Name (if different than Business Name)		Business Web Address			
Sole Proprietor or Partner Name		Social Security Number			
Physical Business Address (Do not use PO Box)		City	State	Zip	Business Phone
		Allentown	PA		
Mailing Address for ALL Business Related Forms	Contact Person			E-mail Address	
	Street or PO Box		City	State	Zip
Indicate Type of Entity:		Business Classification: [] Wholesale [] Retail [] Service [] Manufacturing			
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Other		Nature of Business: (detailed description)			

LIST PRINCIPLE OWNERS, PARTNERS OR OFFICERS

Name & Title	Home Address	Social Security No.	Home Phone

City or Township/School District where you reside?	Do you, or will you, have amusement devices? [] NO [] YES, # of devices _____
Date business incorporated	
No. of employees (if Sole Proprietor, do not include yourself in this number)	

LIST ALL OTHER CITY OF ALLENTOWN BUSINESS NAMES AND ACCOUNT NUMBERS

Business Name	Account No. (QW,MW,EW,SP,RE)

Section B: this section **MUST BE** completed for **ALL** businesses operating in the City of Allentown

Tax Preparer Information	Name:		Telephone No.	
	Address:			
	City:	State	Zip	
Principle Bank Information	Name:		Telephone No.	
	Address:			
	City:	State	Zip	

Section C: I hereby certify that the above information and statements are true and correct. I understand that approval for the above business is contingent upon my compliance with the following departments: Bureau of Revenue & Audit, Zoning, Recycling, Fire and Health (where necessary). I also understand that it is my responsibility to notify the City of Allentown in writing, or on forms designated by the City, if any of the above information changes, or if my business closes.

Signature	Title	Date
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Non-Profit Organizations: The City requires a copy of your 501C (IRS non-profit letter)

EDEN Customer #

Business Acct #

CITY OF ALLENTOWN
 BUSINESS REGISTRATION QUESTIONNAIRE (SIDE 2)
 - CITY OF ALLENTOWN USE ONLY -

ZONING APPROVAL & RESTRICTIONS (IF ANY):

Date Approved

RECYCLING APPROVAL & RESTRICTIONS (IF ANY):

Date Approved

FIRE APPROVAL & RESTRICTIONS (IF ANY):

Date Approved

HEALTH APPROVAL & RESTRICTIONS (IF ANY):

Date Approved

- REVENUE & AUDIT USE ONLY -

- BUSINESS REGISTRATION INFORMATION -

Business Account No.		Business Privilege Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ref. or Partner Acct. No
Real Estate Account No.		Business License	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Commercial EIT	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amusement Tax Device	<input type="checkbox"/> Yes <input type="checkbox"/> No	S.I.C. Code
Commercial LST	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of Amusement Devices		New For: Qtr. Yr.
Self-Employed EIT	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recycling Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	City Start Date
Self-Employed LST	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trash Hauler's License	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work PSD Code
Processed By:		Reference Only Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Live PSD Code
Process Date:		Incorporated Date:		Incorporated State: