

**CITY OF ALLENTOWN  
IMPORTANT NOTICE**

***You may be required to submit architectural plans that have been reviewed and stamped by a Certified 3<sup>rd</sup> Party Agency recognized by the PA Department of Labor and Industry. Contact City of Allentown Building Inspections 610-437-7592 to determine your requirements.***

If required, you must submit your architectural plans directly to a recognized certified 3<sup>rd</sup> party agency of your choice. You are responsible for any and all fees associated with these services. The Health Bureau will review preliminary plan drafts upon request to assure compliance with the Food Code prior to 3<sup>rd</sup> party submittal.

Once your plans have been approved by the 3<sup>rd</sup> party agency, please contact the Building Inspector Supervisor at (610) 437-7592 to make an appointment to submit your plans. **Plans submitted to Building Inspections are accepted by appointment only.**

**You will need to submit one (1) set of sealed 3<sup>rd</sup> party reviewed plans with your Health Bureau plan review application and fee.**

**In addition, you will need to submit two or three sets (depending on the project) of sealed 3<sup>rd</sup> party reviewed plans to Building Inspections for final approval.**

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

Health Bureau  
City of Allentown (City Hall)  
435 Hamilton Street – 4<sup>th</sup> Floor  
Allentown, PA 18101  
Phone: (610) 437-7599

Building Inspections  
Building Inspector Supervisor  
City of Allentown (City Hall)  
435 Hamilton Street – 4<sup>th</sup> Floor  
Allentown, PA 18101  
Phone: (610) 437-7592

PAGE INTENTIONALLY LEFT BLANK FOR PRINTING PURPOSES.

# **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 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**
- **HOW TO PREPARE A PLAN – Form A**
- **PLAN REVIEW APPLICATION – Form B**
- **FOOD EMPLOYEE CERTIFICATION – Form C**
- **PERSON IN CHARGE – Form D**
- **SOLID WASTE / RECYCLING COLLECTION PROFILE – Form E**
- **APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE**
- **BUSINESS REGISTRATION QUESTIONNAIRE**
- **APPLICATION FOR INCLUSION IN CITY COLLECTION**

## **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 on the next page for contact information.

Step 1.

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

**B. CONTACT THE BUILDING INSPECTIONS SUPERVISOR IN THE BUILDING INSPECTION OFFICE (4<sup>TH</sup> 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,** it is recommended to 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 or 3 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 – Form B.
- C. Form A office copy and Form C office copy.
- D. Application for Food Service License.
- E. Application & Plan Review Fees (Application will **not** be processed without fees).

Step 4. Meet with a Health Bureau sanitarian to discuss your application and get documentation stating the plans have been approved. **You may NOT proceed with any work until you have obtained all necessary permits from the City Building Inspections Office.**

Step 5. Obtain all necessary construction permits (e.g., alteration, plumbing, electrical).

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 (Form E) and submit it to the Health Bureau.

### **AGENCY REFERENCE LIST**

Zoning Office	Site Approval	(610) 437-7630
Building Inspections	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 License	(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.

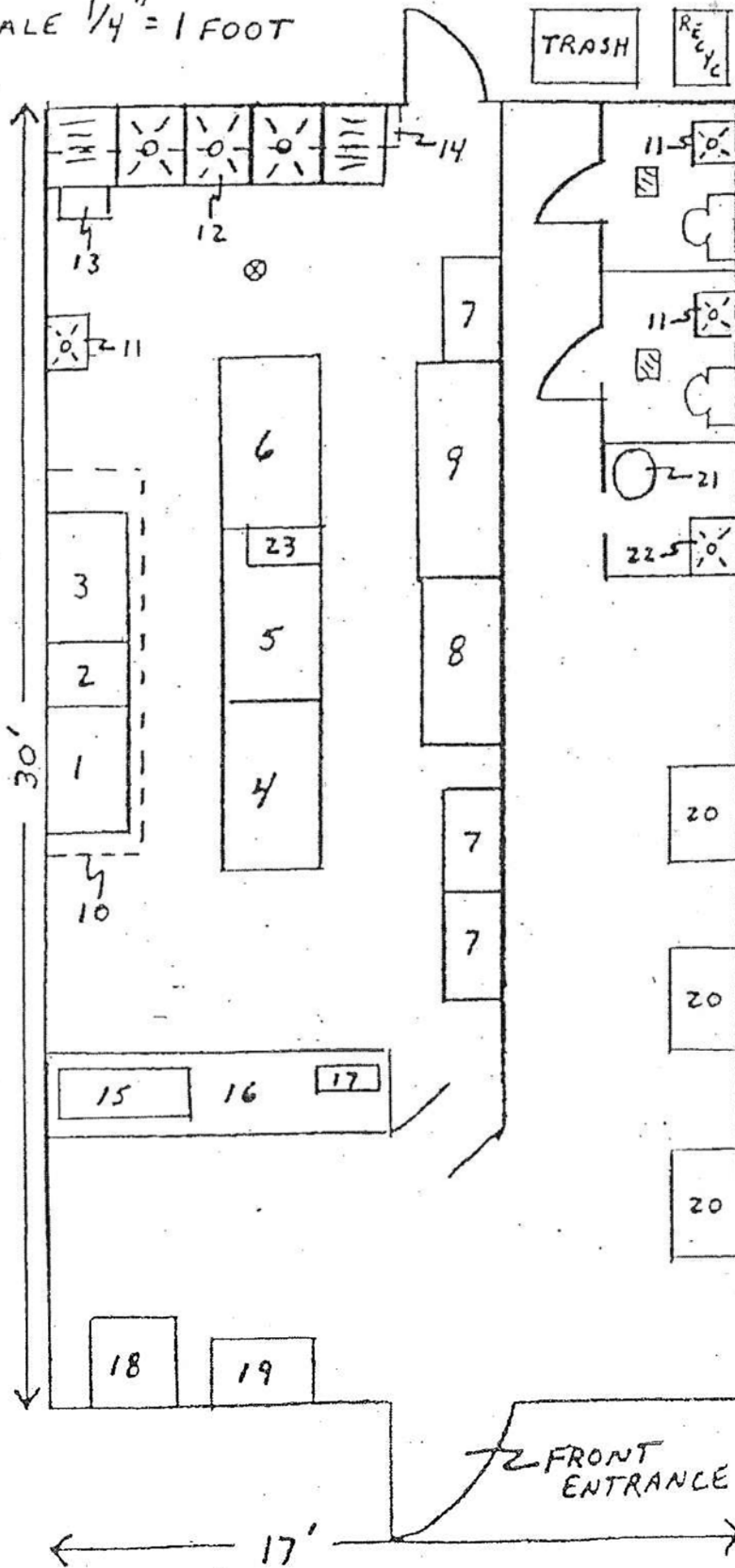
1. SITE PLAN  
SUBMIT A SKETCH OF THE ENTIRE PROPERTY SHOWING OUTSIDE FEATURES SUCH AS PARKING LOTS, TRASH STORAGE AREAS, ADJACENT BUILDINGS AND STREETS
2. GENERAL FLOOR PLAN SUBMIT ONE (1) COPY OF AN INTERIOR FLOOR PLAN DRAWN TO SCALE SHOWING THE LOCATIONS OF ALL THE ITEMS LISTED BELOW:
  - A. ALL ROOMS 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
- DISHWASHERS	- 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 ROOMS, RESTROOMS, ETC.;
  - L. SNEEZE GUARDS OR OTHER PROTECTIVE DEVICES IN DISPLAY AREAS;
  - M. ANY INSIDE TRASH OR RECYCLABLES STORAGE ENCLOSURES;
  - N. ANY INSECT CONTROL DEVICES (AIR CURTAINS, ETC.).

XYZ STEAK SHOP  
 123 MAIN STREET  
 OWNER'S NAME

**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

SCALE 1/4" = 1 FOOT



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 ¼ INCH SPACE FROM THE WALL OR SEALED TO THE WALL.
2. ALL DOORS TO THE OUTSIDE MUST BE SELF-CLOSING AND RODENT PROOF.
3. 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.
  - A. 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.
  - B. ALL COUNTER MOUNTED FOOD SERVICE EQUIPMENT WEIGHING OVER EIGHTY (80) POUNDS WILL BE MOUNTED ON ANSI APPROVED FOUR (4) INCH LEGS.
  - C. 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, AND A UTILITY SINK. FOOD PREPARATION SINK MAY BE REQUIRED.
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

APPLICANT COPY

PAGE INTENTIONALLY LEFT BLANK FOR PRINTING PURPOSES.



## **C. FOOD CODE CONSTRUCTION REQUIREMENT HIGHLIGHTS**

### **GENERAL**

11. ALL PIPING, CONDUIT, CABLE AND SIMILAR CONSTRUCTION MUST BE EITHER LOCATED INSIDE A WALL OR INSTALLED WITH A MINIMUM ¼ INCH SPACE FROM THE WALL OR SEALED TO THE WALL.
12. ALL DOORS TO THE OUTSIDE MUST BE SELF-CLOSING AND RODENT PROOF.
13. 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.
  - A. 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.
  - B. ALL COUNTER MOUNTED FOOD SERVICE EQUIPMENT WEIGHING OVER EIGHTY (80) POUNDS WILL BE MOUNTED ON ANSI APPROVED FOUR (4) INCH LEGS.
  - C. ALL EXPOSED WOOD SURFACES SUBJECT TO SPLASH MUST BE SEALED OR LAMINATED WITH FORMICA OR SIMILAR MATERIAL IF INTENDED FOR DIRECT FOOD CONTACT.
14. ALL ANGULAR OPENINGS IN EQUIPMENT CONSTRUCTION MUST BE SEALED TO WITHIN 1/32 OF AN INCH.
15. 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).
16. MINIMUM SINK REQUIREMENTS: 3 COMPARTMENT SINK WITH DRAINBOARDS, HANDWASH SINKS IN ALL FOOD PREP AREAS AND RESTROOMS, AND A UTILITY SINK. FOOD PREPARATION SINK MAY BE REQUIRED.
17. PROPERLY DESIGNED AND INSTALLED SNEEZE GUARDS ARE REQUIRED WHENEVER POTENTIALLY HAZARDOUS FOODS ARE SUBJECT TO CUSTOMER CONTAMINATION.
18. VENTILATION HOODS AND FIRE SUPPRESSION SYSTEMS MUST COMPLY WITH CITY BUILDING AND FIRE CODES.
19. ALL PAINTING MUST BE LEAD-FREE, NON-METALLIC ENAMEL PAINT OR A HIGH-QUALITY VARNISH.
20. ALL RESTROOMS MUST HAVE SELF-CLOSING DOORS AND MECHANICAL VENTILATION IF NO WINDOW IS PRESENT.

### **PLUMBING**

6. ALL PLUMBING INSTALLATIONS MUST BE IN ACCORDANCE WITH THE APPLICABLE CITY CODE.
7. HOT WATER HEATER CAPACITY AND RATING MUST MEET OR EXCEED PEAK USE DEMAND AS DETERMINED BY THE HEALTH BUREAU.
8. 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.
9. ANY GREASE TRAP REQUIRED MUST COMPLY WITH LOCAL BUILDING DEPARTMENT OR SEWER DISTRICT CODES.
10. 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

OFFICE COPY

PAGE INTENTIONALLY LEFT BLANK FOR PRINTING PURPOSES.

**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                      Change of Ownership

Provide a brief description of the proposed project: \_\_\_\_\_  
\_\_\_\_\_

Construction Start Date: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_

**TYPE OF SERVICE:**

Check all that apply:

- Table Service
- Cafeteria Style
- Take-out
- Retail Grocery (food preparation, storage, display and dining areas)
- Mobile Operation
- Other (Specify): \_\_\_\_\_

Square Footage: \_\_\_\_\_

Total Number of Seats (including bar areas): \_\_\_\_\_

Days/Hours of Operation: \_\_\_\_\_

Menu Information (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.**

Room/Area	Floor Covering <small>(ex. Vinyl composition tile, ceramic tile, quarry tile, terrazzo, sealed concrete, etc.)</small>	Baseboard Coving <small>(ex. Molded vinyl, quarry tile, ceramic tile, etc.)</small>	Wall Finish <small>(ex. Stainless steel panels, fiberglass reinforced panels (FRP), ceramic tile, sheetrock, etc.)</small>	Ceiling Finish <small>(ex. Sheetrock painted with high gloss enamel, vinyl coated suspended tile, washable metal tile, etc.)</small>	Lighting & Shielding <small>(ex. Fluorescent tubes in plastic sleeves with end caps, recessed fluorescents with light diffusers, etc.)</small>
Kitchen Cooking/Prep Area					
Dry Storage					
Dishwashing					
Serving					
Rest Room					
Maintenance 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 under YES, NO, or NOT APPLICABLE.

	<b>YES</b>	<b>NO</b>	<b>NOT APPLICABLE</b>
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"/>

**Storage/Display Areas:**

Is there enough storage available for:

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| • Dry goods?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Single service items?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Linens – clean and soiled?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Cleaning Supplies?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pesticides and other toxic items to be stored separately away from foods? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Medication and first aid supplies?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Food Storage:**

Is food stored:

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| • In the basement?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Beneath open stairwells?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Beneath unprotected overhead plumbing or sewer lines?           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • In restroom or vestibule?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • On shelves at least 6" off floor? Is cold storage available in: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Walk-in refrigerators?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Walk-in freezers?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Reach-in refrigerators?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Reach-in freezers?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Hot & Cold Food Display:**

Do food displays have:

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| • Do all hot hold units have an adequate heat source to keep food above 135°F? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Adequate refrigeration to keep food below 41°F?                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Sneeze guards that adequately protect the food?                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Self-service utensils (scoops, ladles, tongs) protected from contamination?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

	YES	NO	NOT APPLICABLE
<b>Equipment:</b>			
• Do you have a metal stem thermometer to check temperatures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Thermometers for every refrigerator and freezer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• 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"/>
• Is equipment such as sinks and counters properly sealed to walls, floors, and adjacent equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is portable equipment on casters or light enough to be carried easily by one person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Warewashing:</b>			
• Is a 3 compartment sink with 2 drainboards provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is a dishwashing machine with chemical sanitization or 180°F rinse provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is there enough storage provided to keep clean utensils and kitchenware separate from soiled utensils and kitchenware?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is the hot water heater sufficient in size and type?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have a booster hot water heater?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Plumbing:</b>			
• Is the facility connected to the City water supply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is the facility connected to the City sewer service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Restrooms:</b>			
• Does restroom meet ADA requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Must patrons walk through kitchen to reach restroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is there a self-closing device on the restroom door?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is there a covered waste receptacle in the women's restroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Insect and Rodent Control:</b>			
• Do all doors, windows and loading docks have screens or other controls provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do outer doors have self-closures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	NOT APPLICABLE
<b>Cross Connection Control:</b>			
• Does your drinking water system have any:			
• Connections to food service equipment (ice machines, potato peelers, steamtables, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• 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"/>
• Does each drain line from food equipment have an indirect connection to the sewer system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is there a sprinkler system or water-cooled air-conditioning unit in your facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• 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"/>
• Is an easily accessible grease trap installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Handwash Sinks:</b>			
• Are handwashing sinks provided:			
• In every food prep area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• In each restroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• With soap dispensers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• With hand drying device (paper towel or hot air)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Solid Waste and Recyclables Storage and Collection:</b>			
Do you have:			
• Separate covered containers for trash and recyclables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate container storage area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• A place to clean containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Compactor provided (optional)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• A contract with a licensed hauler?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ventilation/Fire Suppression in Kitchen:</b>			
• 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"/>
• Does it have approved source(s) of make-up air?	<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: \_\_\_\_\_

Others (specify): \_\_\_\_\_

Is there secure storage separate from all food preparation areas for your employees' personal belongings? (Please 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: \_\_\_\_\_

PAGE INTENTIONALLY LEFT BLANK FOR PRINTING PURPOSES.

## Food Employee Certification

The PA Department of Agriculture Food Employee Certification Act, 3 Pa C.S.A. 6501 – 6510, effective January 22, 2011, requires one employee per licensed food facility to obtain a nationally recognized food manager certification.

### Compliance with Provisions:

- The certified employee must be available during all hours of operation
- The certified employee is the Person-in-Charge (PIC) when in the facility
- The Certification Certificate must be posted in the facility in public view
- New facilities have 90 days to comply with the Act
- Existing facilities which are not in compliance due to employee turnover or other loss of their certified employee shall have three (3) months from the date of loss to comply
- An employee may only serve as the certified manager for one (1) facility

### Exemptions to the Act:

The following facilities are exempt from the provisions of this Act and although encouraged to take a course are not required to do so.

- Retail food facilities where only commercially prepackaged food is handled and sold. This includes TCS foods (time/temperature controlled for safety food) and non-TCS foods
- Retail food facilities that handle only non-TCS foods
- Retail food facilities managed by a tax-exempt organization under section 501(c)(3) of the Internal Revenue Code of 1986 or those managed on a not-for-profit basis.
- Volunteer fire company or an ambulance, religious, charitable, fraternal, veterans, civic, agriculture fair or agricultural association or any separately chartered auxiliary of any of the above associations

\*Time/temperature control for safety food means a FOOD that requires time/temperature control for safety (TCS) to limit pathogenic microorganism growth or toxin formation

### **Approved Manager Certification Programs**

- 360Training.com, Inc.
- Above Training/State Food Safety
- National Registry of Food Safety Professionals
- National Restaurant Association (ServSafe)
- Prometrics Inc.

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_

Sanitarian: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Operator: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR AHB USE ONLY**

- This Facility requires Food Employee Certification
- This Facility DOES NOT require Food Employee Certification

PAGE INTENTIONALLY LEFT BLANK FOR PRINTING PURPOSES.

## Food Employee Certification

The PA Department of Agriculture Food Employee Certification Act, 3 Pa C.S.A. 6501 – 6510, effective January 22, 2011, requires one employee per licensed food facility to obtain a nationally recognized food manager certification.

### Compliance with Provisions:

- The certified employee must be available during all hours of operation
- The certified employee is the Person-in-Charge (PIC) when in the facility
- The Certification Certificate must be posted in the facility in public view
- New facilities have 90 days to comply with the Act
- Existing facilities which are not in compliance due to employee turnover or other loss of their certified employee shall have three (3) months from the date of loss to comply
- An employee may only serve as the certified manager for one (1) facility

### Exemptions to the Act:

The following facilities are exempt from the provisions of this Act and although encouraged to take a course are not required to do so.

- Retail food facilities where only commercially prepackaged food is handled and sold. This includes TCS foods (time/temperature controlled for safety food) and non-TCS foods
- Retail food facilities that handle only non-TCS foods
- Retail food facilities managed by a tax-exempt organization under section 501(c)(3) of the Internal Revenue Code of 1986 or those managed on a not-for-profit basis.
- Volunteer fire company or an ambulance, religious, charitable, fraternal, veterans, civic, agriculture fair or agricultural association or any separately chartered auxiliary of any of the above associations

\*Time/temperature control for safety food means a FOOD that requires time/temperature control for safety (TCS) to limit pathogenic microorganism growth or toxin formation

### **Approved Manager Certification Programs**

- 360Training.com, Inc.
- Above Training/State Food Safety
- National Registry of Food Safety Professionals
- National Restaurant Association (ServSafe)
- Prometrics Inc.

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_

Sanitarian: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Operator: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR AHB USE ONLY**

- This Facility requires Food Employee Certification
- This Facility DOES NOT require Food Employee Certification

PAGE INTENTIONALLY LEFT BLANK FOR PRINTING PURPOSES.

## **Allentown Health Bureau 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 ensure proper food preparation and safety, cleaning and sanitizing, and employee practices and hygiene. The Allentown Health Bureau (AHB) provides a free Person-in-Charge training on a bi-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.

**The Person-In-Charge (PIC) Requirement and Training is not the same as the Food Employee Certification Requirement and Training.**

### **2020 Person in Charge Dates:**

Monday, February 17, 2020

Monday, April 20, 2020

Monday, June 15, 2020

Monday, August 17, 2020

Monday, October 19, 2020

Monday, December 21, 2020

**Time is 9:30 AM to 10:30 AM – Course is Free**

**245 N 6<sup>th</sup> St (Alliance Hall)**

\*Dates and location are subject to change. Please confirm date and location when scheduling. You will be notified if there are any changes after scheduling is completed.

PAGE INTENTIONALLY LEFT BLANK FOR PRINTING PURPOSES.



**CITY OF ALLENTOWN**

**SOLID WASTE / RECYCLING CONTRACT PROFILE**

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

**FACILITY**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone #: \_\_\_\_\_

**OWNER/OPERATOR**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone #: \_\_\_\_\_

**SOLID WASTE HAULER**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone #: \_\_\_\_\_

**RECYCLER**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone #: \_\_\_\_\_

**SOLID WASTE CONTRACT DETAILS**

Start \_\_\_\_\_ End \_\_\_\_\_  
Days of Collection \_\_\_\_\_  
Type of Container \_\_\_\_\_ # \_\_\_\_\_  
Volume of Container \_\_\_\_\_

**RECYCLE CONTRACT DETAILS**

Start \_\_\_\_\_ End \_\_\_\_\_  
Days of Collection \_\_\_\_\_  
Type of Container \_\_\_\_\_ # \_\_\_\_\_  
Volume of Container \_\_\_\_\_

Recycling is required by PA State Law. Materials required to be recycled include:

- 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: \_\_\_\_\_

Date: \_\_\_\_\_

PAGE INTENTIONALLY LEFT BLANK FOR PRINTING PURPOSES.

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

1. National Sanitation Foundation international  
[www.nsf.org](http://www.nsf.org)
2. 3A Sanitary Standards  
[www.3-a.org](http://www.3-a.org)
3. Bakery Industry Sanitation Standards Committee  
[www.bissc.org](http://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](http://www.nfpa.org)
6. Tile Council of North America  
[inc.www.tcnatile.com](http://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](http://www.agriculture.pa.gov/protect/foodsafety)
  - Bakeries
  - Frozen Dessert License
  - Manufacturing
  - Specialized Processes at Retail

PAGE INTENTIONALLY LEFT BLANK FOR PRINTING PURPOSES.



**Bureau of Health**  
**Environmental Health Services**  
 435 Hamilton St., 410 City Hall  
 Allentown, PA 18101  
 Office: (610) 437-7759  
 Fax: (610) 439-5946

# City of Allentown

## APPLICATION FOR ANNUAL LICENSE TO OPERATE A FOOD SERVICE ESTABLISHMENT

**Incomplete applications will be returned and will delay issuance of license.**

**INSTRUCTIONS:** Complete and sign this application. A license will not be issued until the facility complies with all applicable regulations. Return this application along with the total fee to the Allentown Health Bureau, Environmental Health Services, 410 City Hall, 435 Hamilton St., Allentown, PA 18101. Make check or money order payable to the City of Allentown, Bureau of Health. **DO NOT SEND CASH.** Call 610-437-7759 if you have any questions. **A late fee of \$35.00 per month will be charged for overdue licenses.**

Section A – FOOD SERVICE ESTABLISHMENT	SECTION B – OWNER INFORMATION
<b>Establishment Information</b>  <input type="checkbox"/> New Establishment <input type="checkbox"/> Change of Ownership  <input type="checkbox"/> Renewal  Facility Name: _____ Facility Address: _____ _____  Phone Number: _____ E-Mail: _____ Fax Number: _____ Exterminator: _____ Trash Hauler: _____      Recycler: _____	<b>Ownership: Check one; fill in proper line(s)</b>  <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other  Sole Prop. Name: _____ Partners' Name(s): _____ Non-Profit Name: _____ Corporation Name: _____ CEO Name/Title: _____ Owner's Address: _____ _____ _____ Phone Number: _____ Fax Number: _____
Section C – CONTACT/EMERGENCY INFORMATION	SECTION D – MAILING INFORMATION
Operator/Manager: _____  Emergency Phone Number: _____	Where all future correspondence should be mailed? Please check one.  <input type="checkbox"/> Establishment Address in <b>Section A</b>  <input type="checkbox"/> Owner Address in <b>Section B</b>

Application is hereby made for a license to operate a food service establishment. By this application, it is agreed that the establishment will comply with all applicable ordinances and regulations. It is further agreed that said establishment shall be open to inspection by the Allentown Health Bureau. I also understand that the license issued is **NOT TRANSFERABLE**. I hereby certify that I have applied for a sales and use tax license or exemption from the PA Department of Revenue as of the date of this application understanding that any false representation is subject to penalty under 18 PA. C.S. §4903 and §4904.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**License/Operational Fees**

		<b>FOR HEALTH BUREAU USE ONLY</b>	
License & Operational Fee			
Conditional Fee		Amount Rec'd _____	New License Expiration Date: _____
Late Fee		Date Rec'd _____	Approved By: _____
Plan Review Fee		License# Issued: _____	Date: _____
Total Fee			

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 & Operational Fee – New/Change of Ownership		
5,000 sq. ft. or less		\$275.00
More than 5,000 sq. ft. and less than 20,000 sq. ft.; <b>no</b> on-site food prep		\$350.00
More than 5,000 sq. ft. and less than 20,000 sq. ft.; with on-site food prep		\$450.00
More than 20,000 sq. ft.; with <b>no</b> on-site food prep		\$500.00
More than 20,000 sq. ft.; with on-site food prep		\$650.00
Non-profit		\$75.00
Mobile food unit		\$275.00
Non-potentially hazardous		\$0.00
<b>Conditional License Fee</b>		\$50.00
License & Operational Fee – Renewal		
Sit down – 75 seats or less		\$275.00
Sit down – more than 75 seats		\$400.00
Retail – 5,000 sq. ft. or less		\$225.00
Retail – more than 5,000 sq. ft. to 20,000 sq. ft.; <b>no</b> on-site food prep		\$300.00
Retail – more than 5,000 sq. ft. to 20,000 sq. ft.; with on-site food prep		\$400.00
Retail – more than 20,000 sq. ft.; <b>no</b> on-site food prep		\$450.00
Retail – more than 20,000 sq. ft.; with on-site food prep		\$600.00
Non-profit		\$75.00
Mobile food unit		\$250.00
Non-potentially hazardous		\$0.00
<b>Conditional License Fee</b>		\$50.00
<b>Late Fee</b> (maximum two months late fees, then subject to enforcement action)		\$35.00/month
Plan Review Fees		
Plan review: New/Change of owner, <b>no</b> 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  
IN-CITY BUSINESS APPLICATION**

**GENERAL INSTRUCTIONS:** Complete all sections of the Business License application, answering all questions in full. *All applicants must complete Signature Section C.* Mail the completed form to: City of Allentown, Bureau of Revenue & Audit, 435 Hamilton St, Room 215, Allentown, PA 18101. A \$35.00 non-refundable application fee must accompany the application. Applications submitted after 3:30pm will not be processed until the next business day. If you have any questions, please call 610-437-7507.

**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)		<b>Allentown PA</b>	Zip
		Business Phone	
<b>Mailing Address for ALL Business related forms</b>	Contact Person	E-Mail Address	
	Street or PO Box	City	State Zip
Indicate Type of Entity: <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*:	Business Classification: <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Manufacturing <input type="checkbox"/> Rental Nature of Business: (detailed description)		

**LIST PRINCIPAL OWNERS, PARTNERS OR OFFICERS**

Name & Title	Home Address (No PO Box)	Social Security No.	Home Phone
City or Township/School District where you reside?		Date Business Started in City of Allentown	
Date Business Incorporated	State of Incorporation	Do you, or will you, have amusement devices? <input type="checkbox"/> NO <input type="checkbox"/> YES, # of Devices _____	
Number of Employees (if Sole Proprietor do not count 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+4
Principal Bank Information	Name:	Telephone No.
	Address:	
	City	State Zip+4

**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: Revenue & Audit Bureau, Zoning, Recycling, Fire and Health (where necessary).

Signature	Title:	Date
-----------	--------	------

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

EDEN Customer #

Business Account #

CITY OF ALLENTOWN  
 IN-CITY BUSINESS APPLICATION (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 APPLICATION INFORMATION -

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





City of Allentown  
Recycling and Solid Waste  
641 S. 10<sup>th</sup> Street  
Allentown, PA 18103  
610-437-8729  
Fax 610-437-8732  
[www.allentownpa.gov/recycle](http://www.allentownpa.gov/recycle)

**Application for Inclusion**

In City of Allentown Curbside Trash and Recycling Collection

Name of Business/Organization: \_\_\_\_\_ QW#: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Type of Service:    Trash Only            Recycling Only            Trash & Recycling

Month and year you wish to begin collection: \_\_\_\_\_

Number of bags of trash generated per week: \_\_\_\_\_

Number of recycling bins requested for single-stream recycling:    \_\_\_ 20 gal.    \_\_\_ 25 gal.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 
- All applications are subject to approval.
  - **The Fee for inclusion for services for 2020 is \$375.**
  - **The Fee for inclusion for services between July 1 and December 31 will be \$187.50 (half of \$375).**
  - Please submit your application in person to the Allentown Bureau of Recycling and Solid Waste, Monday – Friday, 8 am – 4:30 pm. A check or money order made payable to "City of Allentown" must accompany the application.

---

Date received: \_\_\_\_\_ Approval date: \_\_\_\_\_

Notes: \_\_\_\_\_

---

Contact WM \_\_\_\_\_ Add to City System \_\_\_\_\_

**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.

**The materials listed below are required to be recycled by State law and City ordinance:**

- Office Paper
- Corrugated Cardboard
- Newspaper
- Paperboard
- Mixed Colored Paper
- Aluminum and Steel Cans
- Plastics #1- #7  
(bottles, jugs, & containers)
- Glass food and beverage containers  
(clear, brown, & green)
- Cartons from food and beverage
- 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. Recycling bins are supplied *at no cost to you* 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.
3. If your business has moved into a property that has trash and recycling services contracted by the property owner or another business, please complete the following line items and return this form.

Property Owner: \_\_\_\_\_ Corporation Name (if applicable): \_\_\_\_\_  
Trash Hauler: \_\_\_\_\_ Recycling Hauler: \_\_\_\_\_

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 24/7.

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, please call the  
Bureau of Recycling and Solid Waste at 610-437-8729.  
Se habla español**

---