



**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 SEASONAL OR POP UP TEMPORARY FOOD SERVICE LICENSE

Please complete both sides of this application and submit to the Bureau of Health at least five (5) business days prior to the event. Checks or money orders should be made payable to the City of Allentown and mailed or brought to the address above. The facility will be inspected on the first day of the event and a license will be issued at that time if the facility is in compliance with all applicable ordinances and the "Guidelines for Temporary Facilities". Please call (610) 437-7759 for food related questions. Additionally, you may apply for a 30-day extension. **If payment is not received along with the application at least five (5) business days prior to the event or prior to the expiration of your Seasonal or Pop Up License for the 1-month extension a late fee will be assessed.**

Notice: All individuals or businesses that operate in the City of Allentown are required to obtain a business license. If you have not already done so, you must complete the Business Registration Questionnaire and submit it to the Bureau of Revenue and Audit, 435 Hamilton St., Room 215, Allentown PA 18101. Questions regarding the business registration can be directed to 610-437-7507.

Seasonal Temporary Food Facility

- Temporary food facility operated at a once per week seasonal event over 3-month license period in a single location

Pop Up Temporary Food Facility

- Temporary food facility in an indoor commercial store front, single location, 3-month license period. (maximum 2 licenses annually)

A. EVENT/OPERATOR INFORMATION

EVENT TYPE: Seasonal Temporary CONTACT NAME: _____
 Pop Up Temporary CONTACT PHONE: _____
 LOCATION OF EVENT: _____ EVENT DATE/TIME: _____
 TIME SET UP WILL BE READY FOR INSPECTION: _____
 BUSINESS NAME: _____ BUSINESS PHONE: _____
 BUSINESS ADDRESS _____
 OPERATOR'S NAME _____ HOME PHONE: _____
 OPERATOR'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

I understand that the temporary license is NOT TRANSFERABLE and NON-REFUNDABLE. I also agree to operate in accordance with the "Guidelines for Temporary Food Facilities", the Food Code, and all other applicable laws and regulations.

Signature of Applicant

FOR OFFICAL USE ONLY	
Date Received	
Activity #	
License #	TL-
Approved By	
Date Approved	

30 DAY LICENSE EXTENSION	
Ext. Date Received	
Ext. Activity #	
Ext. License #	TL-
Ext. Approved By	
Ext. Date Approved	

TYPE:	<input type="checkbox"/> Seasonal Temporary	<input type="checkbox"/> Pop Up Temporary
LICENSE & OPERATIONAL FEE		\$75.00
1 MONTH EXTENSION (\$15.00)		_____
LATE FEE (\$15.00)		_____
Late fee assessed if submitted less than 5 business days prior to the event.		TOTAL _____

B. FOOD/EQUIPMENT

1. Please list your menu items:

2. What type of temporary food service facility will you be operating at the event? Check all that apply:

Enclosed trailer Outdoor Stand Indoor Stand Other (specify) _____

3. Will all foods be prepared on-site? (Remember: Except baked goods, home prepared foods are prohibited.)

Yes No If "no", where will foods be prepared? _____

4. Will there be electricity available?

Yes No

5. Will running water be available?

Yes No If "no", how will water be supplied? _____

6. Where will waste water (dish water or handwash) be stored and discarded? _____

7. How will cold foods be kept cold? (below 41°F) (Note: Foods may not be in direct contact with ice; styrofoam coolers are unacceptable.)

Refrigerator Insulated Cooler Other (specify) _____

8. What equipment will you use to cook food? Check all that apply:

Grill (gas, charcoal or electric) Oven Other (specify) _____

Fryer Microwave _____

9. How will cooked foods be kept hot (above 135° F) after cooking? Check all that apply:

Steam Table Chafing Dish/Sterno Other (specify) _____

Roaster Grill _____

10. If prepared food is on display, how will it be protected from contamination?

Sneeze Guards Covers Other (specify) _____