



Kerr Park, Downingtown, PA July 4th, 2008, 8:00 AM www.goodneighborday.com

CHESTER COUNTY HEALTH DEPARTMENT
Chester County Govt. Services Center
601 Westtown Road - Suite 295
West Chester, PA 19382-4543
(610) 344-6689

FOR OFFICIAL USE ONLY
Payment Received _____
Expires _____
License # _____

APPLICATION FOR TEMPORARY LICENSE TO OPERATE A PUBLIC EATING OR DRINKING PLACE

Application is, hereby, made for a license to operate. By this application it is agreed that the establishment will comply with the provisions of the Chester County Health Department Rules and Regulations applicable to this type of establishment. It is further agreed that said establishment shall be open to inspection by the County Health Department.

This application must be submitted to the Department at least five working days prior to the event so that paperwork can be processed & inspections conducted.

Send thirty dollars (\$30.00) License Fee for 10 day or less event, or sixty dollars (\$60.00) for 11 to 60 consecutive day event held at one site with completed Application to above address, make check or money order payable to "TREASURER OF CHESTER COUNTY". DO NOT SEND CASH. Add \$30.00 for each duplicate certificate requested.

P L E A S E P R I N T

Name of Stand or Booth _____	Proprietor's Name _____
Location of Event _____	Address _____
Township, City or Borough of Event _____	Telephone _____
Dates of Operation _____	
Rain Dates _____	Sponsor of Event _____
Hours of Operation _____	Sponsor's Telephone _____



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Is water from a municipal or public utility supply? Yes No

Is the facility on public sewerage? Yes No

Name of Certified Food Manager

CFM Certificate # _____ Exp.

Date _____

As required by PA Act 62 of 1992 for the establishment for which application is hereby being submitted, the following proof is enclosed that application has been made or receipt has been acquired of a Sales and Use Tax License or Exemption from the PA Department of Revenue: (check one and enclose copy):

Sales and Use Tax License Sales and Use Tax Exception Certificate
 Completed Sales Tax Application

I, _____, hereby, certify that the facts set forth on this application are

(Print Name of Proprietor or Authorized Agent)

true and correct to the best of my knowledge and understand that the submission of false or misleading information is grounds for suspension or revocation of said license.

Date _____

(Signature of Proprietor or Authorized Agent)

(Title of Proprietor or Authorized Agent)

*Proprietor is defined as the person, partnership, association or corporation conducting or operating a public food service facility.