

**Pennsylvania Department of Agriculture  
Bureau of Food Safety and Laboratory Services  
717-787-4315**

**APPLICATION FOR WHOLESALERS:  
PROCESSING/MANUFACTURING, WAREHOUSE/DISTRIBUTION ESTABLISHMENTS**

Act 106 (3 C.S. §§5721 - 5737), The Food Safety Act, requires that all Food Establishments Register with the Department prior to the processing, distribution or sale of foods.

**PLEASE COMPLETE ALL INFORMATION AND SUBMIT TO THE DEPARTMENT**

This Application is intended for one Establishment Location only.

**SECTION 1 -- PURPOSE OF THE APPLICATION**

APPLICATION FOR:  Manufacturer/Processor  Warehouse/Distribution  Other Wholesale Operations \_\_\_\_\_

PLEASE SELECT ANY THAT APPLY:

- New Establishment  Change of Ownership for an Existing Establishment
- Remodel of an Existing Establishment  Change of Food or Operation Type for an Existing Food Establishment
- Other, Describe \_\_\_\_\_

**SECTION 2 --ESTABLISHMENT INFORMATION**

NAME OF ESTABLISHMENT \_\_\_\_\_

PHYSICAL ADDRESS OF ESTABLISHMENT:

Street Number and Name	City	State	Zip Code
County	Township/Borough		
(_____) _____ Phone Number	(_____) _____ Fax Number		
Email Address	(_____) _____ Cell Number or Alternate Phone Number		

MAILING ADDRESS (If Other Than Above):

Name	City	State	Zip Code
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PROPRIETOR/OWNER TYPE:  SOLE PROPRIETOR  CORPORATION  LIMITED LIABILITY COMP. (LLC)  
 PARTNERSHIP  NON-PROFIT OR NOT-FOR PROFIT

**PLEASE FILL IN THE DETAILED INFORMATION ON YOUR PROPRIETORSHIP  
ON PAGE 3 OF THIS APPLICATION.**

### SECTION 3 --WATER, SEWER, WASTE INFORMATION

**WATER: The Establishment is on, or will use: (Check which one applies)**

A public / municipal water supply.  
Water Supplier: \_\_\_\_\_

\*\*A non-public / non-municipal / private water supply (example: well water). These water supplies must be approved by DEP, Department of Environmental Protection (717-783-2300). Written documentation must be provided. **A current water test must be attached.**

**Applicant Signature** \_\_\_\_\_

**SEWER: The Establishment is on: (Check which one applies)**

A municipal/public sewage disposal system. Name of Sewage Authority : \_\_\_\_\_

\*\*\*A non-public sewage disposal system (examples; Sand mounds, holding tanks). For on-lot sewage disposal systems, written documentation from a certified Sewage Enforcement Officer stating that the sewage system is operating in a legal manner and with no apparent violations is required. This approval does not apply if the Establishment is connected to an approved municipal supply, as listed above.

**\*\*\*I have attached written documentation for my on-lot sewage disposal system, if applicable.**

**Applicant Signature** \_\_\_\_\_

**REFUSE:**

The food Establishment refuse collector is \_\_\_\_\_ (company name)

List any other refuse or waste collection companies (ex: grease collection, food scraps etc..)  
\_\_\_\_\_

### SECTION 4--ZONING AND OTHER CODES

**(Signature is required to affirm compliance with the appropriate requirements.)**

Establishment is Compliant with Local Zoning requirements.

Establishment is Compliant with All Building Code requirements (electrical, plumbing, ventilation, structural, etc).

A license to collect PA State sales tax has been obtained or applied for. For information on applying for a PA State sales tax license, contact the Pennsylvania Department of Revenue - (888) PATAXES.

According to the PA Department of Revenue, this business is exempt from collection of sales tax.

**I certify that this Establishment is compliant with the above checked requirements and is true and accurate.**

**Applicant Signature** \_\_\_\_\_

**SECTION 5 -- ESTABLISHMENT SERVICE INFORMATION**

**DAYS OF OPERATION & TIME (Check days which apply & complete time Establishment is open)**

<input type="checkbox"/> Monday	Time _____	<input type="checkbox"/> Friday	Time _____
<input type="checkbox"/> Tuesday	Time _____	<input type="checkbox"/> Saturday	Time _____
<input type="checkbox"/> Wednesday	Time _____	<input type="checkbox"/> Sunday	Time _____
<input type="checkbox"/> Thursday	Time _____		

**TYPE OF SERVICE**

**Briefly describes the product(s) you will be manufacturing or holding for sale at this location and the type of storage (dry storage, frozen or refrigerated) .**

\_\_\_\_\_  
\_\_\_\_\_

**HEALTH POLICY**

Do you have an employee health policy?  YES or  NO

An employee health policy establishes how to handle ill employees. If NO is checked, prior to opening an employee health policy must be established, either in writing or verbal, and presented to every employee of the establishment.

**SECTION 6-- ALL APPLICANTS COMPLETE**

This application, along with the floor plan and all other requested materials, as listed above, should be **submitted to you local Regional Office**, as listed on the cover letter. Please allow 3-4 weeks for processing of your plan review/application from the date of post marking. You will be sent a letter via USPS with your approval or disapproval of this plan. Next, an on-site inspection will occur. This must happen prior to licensing and opening.

The Applicant understands and agrees that this document is an application for Registration of a wholesale/processing/distribution/warehouse food establishment operation. The applicant understands and agrees that only a "proprietor" of a this operation may obtain the registration; and that a "proprietor" may be a person, partnership, association or corporation operating the food establishment within the Commonwealth of Pennsylvania. The applicant verifies that it is a/an (circle one): **person, partnership, association, corporation, or LLC**; and that it is the "proprietor" of the food establishment that is the subject of this application. The applicant verifies that all statements and information in this application is true and correct to the best of the applicant's knowledge, information and belief; and makes these statements subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities.

**FILL IN AND SIGN THE APPROPRIATE BLOCK.**

INDIVIDUAL PERSON

PARTNERSHIP:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature-General Partner

\_\_\_\_\_  
Signature-General Partner

\_\_\_\_\_  
Legibly Print Name

\_\_\_\_\_  
Legibly Print Name

\_\_\_\_\_  
Legibly Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Choices continued on next page...

Corporation Or Association/Non-Profit Entity:

\_\_\_\_\_  
Name of Corporation or Non-Profit Entity

\_\_\_\_\_  
Signature of President\*\*\*\*/ VP\*\*\*\* (ej gemwhich) \*\*\*\*\*Date

\_\_\_\_\_  
Legibly Print Name

\_\_\_\_\_  
Signature of Secretary\*\*\*\*/ Treasurer \*\*\*\*(cj gemwhich) \*\*\*\*\*Date

\_\_\_\_\_  
Legibly Print Name

**Limited Liability Company (LLC):**

\_\_\_\_\_  
Name of Corporation

\_\_\_\_\_  
Signature – Member Date

\_\_\_\_\_  
Signature – Member Date

\_\_\_\_\_  
Legibly Print Name

\_\_\_\_\_  
Legibly Print Name

\_\_\_\_\_  
Signature – Member Date

\_\_\_\_\_  
Signature-Member Date

\_\_\_\_\_  
Legibly Print Name

\_\_\_\_\_  
Legibly Print Name

***There are NO fees associated with this Application.***

Registration fees will be collected at the time of the licensing/registration inspection and are as follows: (payable to: Commonwealth of PA)

- Registrations --\$35.00 (with some fee exemptions)
  - Annual renewals --\$35.00 (with some fee exemptions)

**OFFICIAL USE ONLY**

REGISTRATION TYPE:  Food Processor/manufacture  Food Warehouse/Distributor Fees: \$35  Exempt

STANDARDS FOR REVIEW: Chapter 57/ CFR's  Reviewing Sanitarian: \_\_\_\_\_

APPROVAL APPLICATION APPROVED, DATE \_\_\_\_\_ APPLICATION DENIED, DATE \_\_\_\_\_

REASON FOR DISAPPROVAL: \_\_\_\_\_