Instructions & Application Form

Philadelphia Department of Public Health

Food Business Plan Review for Change of Ownership/ Licensee for Stationary Food Establishments

For other applications and instruction manuals, go to:
www.phila.gov/health/foodbusiness

Office of Food Protection
Philadelphia Department
of Public Health
321 University Avenue, 2nd Floor
Philadelphia, PA 19104
215-685-7495

City of Philadelphia
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Table of Contents

	page
Welcome and Introduction	3
Where to Submit Plan Review Application	4
Fee Schedule	5
Plan Review Application Form	6

Office of Food Protection
321 University Avenue, 2nd Floor
Philadelphia, PA 19104
www.phila.gov/health/foodbusiness

Welcome! The City of Philadelphia is excited to include your food business among its outstanding array of restaurants and other food establishments. These instructions are designed to help guide you through the process of changing the ownership/licensee of an existing stationary food establishment.

You are required to submit the attached Plan Review Application Form if:

- You are a current food business owner and are changing the name on your food license (licensee); or

- You are a new business owner taking over an existing food business and have not made any alterations to the food operations or physical facility.

For more information, please call or visit:

Office of Food Protection
Philadelphia Department of Public Health
321 University Avenue, 2nd Floor
Philadelphia, PA 19104
www.phila.gov/health/foodbusiness
(215) 685-7495

Monday-Friday, 9 am-4 pm

You can also find us in the lower concourse level of the Municipal Services Building, 1401 JFK Boulevard (across from City Hall). Our current hours are on Tuesdays, 9 am – 1 pm. Go to the Licenses & Inspections ticket counter and ask to see us.

Where to Submit Completed Plan Review Application

You may submit the Food Business Plan Review Application for change of ownership/licensee in person or by mail. A fee of $255.00 is required for this type of application. All fees must be paid by cashier's check, money order, or by credit card online (see "Fee Schedule," page 5). After the completed application and required fee payment is received, the application will be processed and reviewed.

> NOTE: If your application is approved, the Office of Food Protection will automatically conduct a food safety inspection within 10 business days. If you need to make specific arrangements for an inspection, please contact the Office of Food Protection.

Submit your application either by mail or in person:

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Philadelphia Department of Public Health
321 University Avenue, 2nd Floor
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(215) 685-7495
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Expedited Review and Inspection for Change of Ownership/Licensee

If you want to request an expedited review and inspection, bring your application form and all required materials to the Office of Food Protection. There is an expediting fee of $315.00 *in addition* to the required application and inspection fees ($255.00).

> NOTE: All food establishments in Philadelphia must conform to all applicable local or state agency codes or requirements, e.g.: PA Department of Labor and Industry, PA Department of Environmental Protection, PA Liquor Control Board, Philadelphia Zoning, Building or Plumbing Codes.

Fee Schedule – Change of Ownership/Licensee Only

A. **Required Fees** ($255):

1. **Application fee:** $65.00

2. **Inspection fee:** $190.00

Payment in the form of cashier's check or money order should be made out to the City of Philadelphia – EHS. You can also pay your fees online (see "NEW!," below).

B. **Other Fees** (if required):

1. **Expediting Fee**: If you want to request an expedited review and inspection, bring your application form and all required materials to the Office of Food Protection. There is an expediting fee of $315.00 *in addition* to the required application and inspection fees. You must have a completed application and pay by cashier's check or money order before review can begin. Your review and inspection will be completed within 10 business days.

> **NEW!** You can now pay your fees online with a credit card. You will need an email address, a daytime phone number, your invoice number, and the amount owed. To learn more, call (215) 685-7495.

Plan Review Application Form

FOR STATIONARY FOOD ESTABLISHMENTS
CHANGE OF OWNERSHIP/LICENSEE ONLY

Office of Food Protection
321 University Avenue, 2nd Floor
Philadelphia, PA 19104
www.phila.gov/health/foodbusiness

A. Establishment Information

1) Establishment Name (doing business as): _____

2) Address, City, Zip: _____

3) Establishment Phone: _____ Fax: _____

4) Email: _____ Website: _____

5) Establishment Square Footage: _____ Establishment Occupancy (if known): _____

6) Hours of Operation: Mon-Fri _____; Sat _____; Sun _____; Closed _____; Other _____

7) Anticipated Total Number of Employees Working Per Shift: _____

Licensee (owner, partnership, or corporation)	**Plan Review Contact Person (other than licensee; person who should receive all correspondence)**
Name _____	Name _____
Co. President _____	____ Designer ____ Contractor ____ Manager ____ Other_____
Mailing Address_____	Address _____
City, State _____	City, State _____
Zip _____ Phone _____	Zip _____ Phone _____
Fax_____ Email _____	Fax _____
Phila. Business Privilege # (if available) _____	Email _____

Establishment emergency contact name: _____
Establishment emergency contact phone #: _____

B. **Establishment Type** (indicate all that apply)

____ Restaurant (alcohol service) # seats _____
____ Restaurant (no alcohol service) # seats _____
____ Caterer
____ Wholesale Warehouse/Processor
____ Grocery Market (retail sales, prepared & prepackaged foods)
____ Institution (health, child, adult, educational services)
Specify _____ Max # for Service _____
____ Prepackaged Food Retail Sales
____ Other (specify) _____

COMPLETE THIS BOX ONLY when the sale of food is: 1) not the principal enterprise, 2) is limited to only prepackaged food items, and 3) involves less than 15% of the retail display area. Examples include: hardware stores, clothing stores, toy stores, etc., selling pre-packaged snacks.

Establishments are required to submit a simple floor plan showing affected food and beverage display areas.

Total Retail Display Square Footage: _____ sq.ft.
Retail Food Sales Square Footage: _____ sq.ft.

C. **Operational Details**

Answer YES or NO to ALL items:

YES	NO			YES	NO	
		Food safety certified individual is present at all hours of operation with valid City of Philadelphia Food Safety Certificate.				Hot food is prepared.
		There is a written Employee Health Policy, which includes restrictions and exclusions for food workers who are ill, infectious, have cuts, or lesions.				Food is prepared in advance for later service.
		A written food safety plan (HACCP) is provided. Must be submitted for sushi, smoked meat, vacuum packaging, bottling fresh juices, and other specialized food processing.				Food is cooked, cooled and reheated (example: pot of soup, chili, roast beef, rice, gravy, leftover food, etc.).
		Raw or Undercooked food is served (rare/medium done steaks, eggs, hamburgers, shellfish etc.). Consumer Advisory information is required.				Food is handled by customer (buffet bars, hotdogs, microwave use, etc.).
		Shellfish is handled (clams, oysters, etc.). Shellfish tags must be kept for 90 days.				Hot beverage is provided (coffee, tea, etc.).

YES	NO			YES	NO	
		Raw food items are washed- any type: vegetable, fruit, meat, etc.)				Beverage is handled by customer (coffee, soda, ice, etc.).
		Food or food items are stored in a remote or auxiliary area.				Outdoor food/beverage handling is provided (outdoor cooking, bar, etc.).
		Basement or sublevel is present				Delivery service is provided.
		Live food is handled (seafood, birds, livestock, etc.) Specify: _____				Hood for cooking exhaust is provided.
		Food is stored or prepared on multiple floors (example: basement, 2nd floor, etc.).				Cooking oil waste is generated.
		Dining room or toilet room is provided on multiple floors (basement, 2nd floor, etc.).				Dishwashing machine is provided (specify low or high temperature)
		Foods with trans fats are served.				Menu labeling signs are in place.
		FASD sign is in place.				No smoking signs are in place.
		Has PA liquor license.				Grindable food waste is generated.
		Has inside storage room for trash.				Has outside dumpster/trash cans.

I certify that the information provided on this application is correct to the best of my knowledge.
I understand that incomplete or illegible application will be returned unprocessed.

Applicant Name (Print): _____ Title:_____

Applicant Signature: _____ Date: _____