CITY OF PHILADELPHIA

DEPARTMENT OF PUBLIC HEALTH

APPLICATION FOR FOOD ESTABLISHMENT PERSONNEL FOOD SAFETY CERTIFICATE, RE-CERTIFICATION, OR CERTIFICATE REPLACEMENT

PRINT CLEARLY USING CAPITAL LETTERS. SEE ATTACHED INSTRUCTIONS.

Check Type of Application

☐ Initial ☐ Re-Certification ☐ Replacement Payment Amount Enclosed $ _____

First Name Middle Initial

Last Name

Current Street Address

Additional Information Floor / Location / Apartment #

City

State Zip Code

Day Telephone Evening Telephone

Social Security Number Date of Birth

PRESENT PHILADELPHIA FOOD ESTABLISHMENT EMPLOYMENT INFORMATION

Establishment Name:

Establishment Address:

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

Chk ☐ MO ☐ DR: / / CN:

55-A-2532 (Rev. 2/01)