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 ☐ 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

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)