

# 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](http://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



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**Office of Food Protection**  
**321 University Avenue, 2<sup>nd</sup> Floor**  
**Philadelphia, PA 19104**  
**[www.phila.gov/health/foodbusiness](http://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](http://www.phila.gov/health/foodbusiness)  
(215) 685-7495

Monday-Friday, 9 am-4 pm

## 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:

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

Monday-Friday, 9 am-4 pm

### **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, 2<sup>nd</sup> Floor  
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[www.phila.gov/health/foodbusiness](http://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: \_\_\_\_\_

<b><u>Licensee (owner, partnership, or corporation)</u></b>	<b><u>Plan Review Contact Person (other than licensee; person who should receive all correspondence)</u></b>
Name _____	Name _____
Co. President _____	____ Designer ____ Contractor ____ Manager
Mailing Address _____	____ Other _____
City, State _____	Address _____
Zip _____ Phone _____	City, State _____
Fax _____ Email _____	Zip _____ Phone _____
Phila. Business Privilege # (if available) _____	Fax _____
	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, 2 <sup>nd</sup> floor, etc.).			Cooking oil waste is generated.
		Dining room or toilet room is provided on multiple floors (basement, 2 <sup>nd</sup> 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: \_\_\_\_\_