



# License Application

## FOOD

Please read instructions attached to this form.  
For additional information call 311 or 215-686-8686

DEPARTMENT OF LICENSES AND  
INSPECTIONS  
CUSTOMER CARE UNIT, PUBLIC SERVICE  
CONCOURSE  
1401 JOHN F. KENNEDY BOULEVARD  
PHILADELPHIA, PA 19102-1687

USE A SINGLE CHECK PAYABLE TO "CITY OF PHILADELPHIA"

### LICENSEE INFORMATION

<b>1. NAME OF LICENSEE (BUSINESS or OWNER)</b>		<b>2. BUSINESS NAME (IF DIFFERENT THAN NAME OF OWNER)</b>		
<b>3. LICENSEE MAILING ADDRESS (PO Boxes Are Not Acceptable)</b>				
<b>4. BUSINESS LOCATION</b>				
<b>5. DAYTIME PHONE NUMBER</b>	<b>6. EVENING PHONE NUMBER</b>	<b>7. FAX NUMBER</b>	<b>8. E-MAIL ADDRESS</b>	
<b>9. COMMERCIAL ACTIVITY LICENSE NUMBER</b>		<b>10. BUSINESS INCOME AND RECEIPTS TAX NUMBER</b>		
<b>11. LICENSE TYPE (Check All That Apply)</b>	<b>FEE</b>	<b>REVENUE CODE</b>	<b>EXPIRATION DATE</b>	<b>LICENSE NUMBER</b>
<input type="checkbox"/> <b>Food Establishment (Retail, Non-Perm.)</b>	<b>\$165.00</b>	<b>3112</b>	<b>4/30/</b>	
<input type="checkbox"/> <b>Food Establishment (Retail, Perm Loc, up to 5,000 Sq. Ft. based on gross store area)</b>	<b>\$220.00</b>	<b>3118</b>	<b>4/30/</b>	
<input type="checkbox"/> <b>Food Establishment (Retail, Perm Loc, over 5,000 Sq. Ft. based on gross store area)</b>	<b>\$550.00</b>	<b>3119</b>	<b>4/30/</b>	
<input type="checkbox"/> <b>Food Manufacturer, Wholesale Processed</b>	<b>\$380.00</b>	<b>3113</b>	<b>4/30/</b>	
<input type="checkbox"/> <b>Food Preparing and Serving, up to 29 seats</b>	<b>\$275.00</b>	<b>3120</b>	<b>4/30/</b>	
<input type="checkbox"/> <b>Food Preparing and Serving, 30+ seats</b>	<b>\$415.00</b>	<b>3121</b>	<b>4/30/</b>	
<input type="checkbox"/> <b>Food Preparing and Serving, Caterer</b>	<b>\$275.00</b>	<b>3122</b>	<b>4/30/</b>	

*I certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make false statements herein I am subject to the possible revocation of any licenses issued as a result of my false application and such penalties as prescribed by law.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_