

**Philadelphia Department
of Public Health**



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

**Instructions and
Application Form**



For other applications and instruction
manuals, go to:

<https://www.phila.gov/departments/departments-of-public-health/for-business-owners/food/>



City of
Philadelphia
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**Office of Food Protection
7801 Essington Avenue
Philadelphia, PA 19153**

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
7801 Essington Avenue
Philadelphia, PA 19153
(215) 685-7495
Monday – Friday, 9am – 4pm

<https://www.phila.gov/departments/departments-of-public-health/for-business-owners/food/>

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 money order or online payment (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 plan either by mail or in person:

Office of Food Protection
Philadelphia Department of Public Health
7801 Essington Avenue
Philadelphia, PA 19153
(215) 685-7495
Monday – Friday, 9am – 4pm

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Expedited Review and Inspection

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 fee of \$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** (\$255.00):

1. **Application fee:** \$65.00
2. **Inspection fee:** \$190.00

Payment in the form of a **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 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
7801 Essington Avenue
Philadelphia, PA 19153**

<https://www.phila.gov/departments/department-of-public-health/for-business-owners/food/>

A. Establishment Information

- 1) Establishment Name (this is the store sign name): _____
- 2) Street Address, Zip: _____
- 3) Establishment Phone Number: _____
- 4) Email: _____ Website: _____
- 5) Establishment Square Footage: _____ Establishment Occupancy (if known): _____
- 6) Hours of Operation: Mon-Thurs _____; Fri-Sat _____; Sun _____; Closed _____
- 7) Anticipated Total Number of Employees Working Per Shift: _____

I am requesting an expedited inspection (this applies if your business is not in operation).

<p><u>Licensee (owner, partnership, or corporation)</u></p> <p>Name of Company _____</p> <p>Co. President _____</p> <p>Mailing Address (if different from establishment address) _____</p> <p>City, State, Zip _____</p> <p>Phone _____</p> <p>Email _____</p>	<p><u>Plan Review Contact Person (this is the person who should receive all correspondence)</u></p> <p>Name _____</p> <p>Owner Expeditor Designer Contractor Manager Other _____</p> <p>Phone _____</p> <p>Email _____</p>
<p>Philadelphia Commercial Activity / Business Privilege License Number</p> <p>_____</p>	

B. Establishment Type (indicate all that apply)

- Restaurant (with alcohol service) # seats _____
- Restaurant (no alcohol service) # seats _____
- Takeout Only
- Caterer
- Wholesale Warehouse/Processor
- Grocery Market (retail sales, prepared and prepackaged foods)
- Institution (health, child, adult, educational services)
Specify _____ Max # for Service _____
- Prepackaged Food Retail Sales
- Prepackaged Food Retail Sales <15% (food and beverage must be less than 15% of total display area)
- Other (specify) _____

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, vacuum packaging, Wholesale manufacturing, 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.).
		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 in multiple floors (example: basement, 2 nd floor, etc.).			Cooking oil waste is generated.
		Dining room or toilet room is provided on multiple floors (basement, 2 nd floor, etc.).			Dishwashing machine is provided. (Low or high temperature? _____)
		Foods with trans fats are served.			Menu labeling signs are in place.
		Has PA liquor license.			No smoking signs are in place.
		Has FASD (Fetal Alcohol Spectrum Disorder) sign in place.			Grindable food waste is generated.
		Has inside storage room for trash.			Has outside dumpster/trash cans.
		Re-usable containers from customers are accepted. If yes, provide additional details on reusable container program.			Tobacco is sold. If yes, provide a copy of the Philadelphia Tobacco Retailer Permit.

D. Menu

Please attach the menu to your application.

E. Acknowledgement

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

Applicant Name (Print): _____

Title: _____

Applicant Signature: _____

Date: _____