



# UPPER CHICHESTER TOWNSHIP

P.O. BOX 2187 ~ Upper Chichester, PA 19016 ~ Ph: 610.485.5719 ~ Fax: 610.485.3615

DATE: \_\_\_\_\_

YEAR **2016**

## HEALTH LICENSE REGISTRATION FORM

Upper Chichester Township Ordinance 559, adopted May 14, 1998, establishing license and inspection fees, states that no person, firm, or corporation shall operate a food establishment, public eating, drinking place, or nail salon without first obtaining an annual health license from the Upper Chichester Township License & Inspections Department and paying an annual inspection fee based upon the floor area of the establishment.

### BUSINESS INFORMATION (Please Print or Type)

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS PHYSICAL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TYPE OF BUSINESS:  Food  Nail Salon  Other: \_\_\_\_\_

FUTURE HEALTH LICENSE RENEWAL NOTIFICATION PREFERENCE:  FAX  USPS  EMAIL

### BUSINESS OWNER'S PERSONAL CONTACT INFORMATION

NAME OF OWNER: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

The information below is required for all business properties in Upper Chichester Township. Emergency contact addresses, and phone numbers are required before a Certificate of Occupancy is given. Response will be in thirty minutes from receiving the phone contact. If no one responds then the Fire Marshal will require a Rapid Entry System placed on the property.

CONTACT PERSON #1: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT PERSON #2: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT PERSON #3: \_\_\_\_\_ PHONE: \_\_\_\_\_

### **2016 HEALTH LICENSE FEE SCHEDULE**

*The fees below are based on floor area of the established business.*

<u>Floor Area (Square Feet)</u>	<u>Fee</u>
1,500 or Less	\$100.00
1,501 to 2,500	\$125.00
2,501 to 5,000	\$175.00
5,001 to 7,500	\$250.00
7,501 to 10,000	\$400.00
10,001 to 15,000	\$600.00
15,001 & Greater	\$800.00
<i>Re-Inspection Fee for 1st</i>	\$35.00
<i>Re-Inspection Fee for 2nd and 3rd</i>	\$50.00
<i>Corporate Inspection</i>	\$150.00

\_\_\_\_\_  
Name of Applicant (Print)

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
TITLE

THIS FORM MUST BE COMPLETED AND RETURNED TO UPPER CHICHESTER TOWNSHIP LICENSE & INSPECTIONS DEPARTMENT ALONG WITH THE REQUIRED FEE BY JANUARY 31ST IN ORDER TO AVOID LEGAL ACTION.