

# City of Butler

## 140 West North Street Butler, Pennsylvania 16001

Department of Health 724-944-7144

#### APPLICATION FOR RETAIL FOOD SERVICE FACILITY PLAN REVIEW

Chapter 46, Food Code, the Rules and Regulations of the PA Department of Agriculture issued under the Act of May 23, 1945, P.L. 925 (Act 369) and Act 70 of July 7, 1994, require that properly prepared plans and specifications for construction, remodeling or alteration of a retail food facility must be submitted to and approved by the Department before food can be prepared, served or sold.

#### Please complete **all information** and submit the following to:

Gary Bonelli, Health Officer, City of Butler, 140 W. North Street, Butler, PA 16001

# 1. Facility Information (circle one)New Remodel (complete 1, 7, 8, 9)

Nev	v Remode	el (complete 1, 7, 8, 9	) Food Ty	pe/Operation Change	New Owner		
Oth	er, describe:						
Nar	ne of Facility:						
Ado	lress of Facility:						
City:			State	Zip Code			
Cou	ınty:						
Owner's Name:							
				Other, Specify			
Mai	iling Address:						
City	/:		State	Zip Code			
2.	Describe your fa	Describe your facility (select all that apply)					
' Grocery/Ro ' Restaurant		ry/Retail	'Mobile Facility				
		ırant		'Catering			
	' Take Out		'Food for Immediate Consumption		sumption		
	'Sit Down Service		'Temporary Facility				
	'Other Retail Facility, describ		be				
3.	Type of Menu:	'Full Service	'Limited Menu	'Specific Food Items			
				Attach a	Menu		
	Provide a description of the proposed retail food facility and the nature of the operation.  Projected Service Capacity: Seats Patrons Served						
4.	Temporary Foo	d Facilities Only					
Но	w many temporary	•	oate attending each	year?			

### APPLICATION FOR RETAIL FOOD SERVICE FACILITY PLAN REVIEW (Continued)

5. Employee Information									
Number of employees anticipated:									
Do you have an employee health policy? 'Yes 'No									
6. Water, Sewage and Waste									
Type of Water Supply 'Public/community. Name of water company									
'Public/non-community (>25 people served or > 15 SC)*									
'Non-public (<25 people served or <15 SC)									
Is a current water test attached? (Coliform and/or Nitrite/Nitrate) 'Yes 'No									
*Non-Community Water Supply sources must contact their regional DEP Office to have their water supply									
approved.									
Type of Sewage Disposal:									
Public 'Yes 'No Name of Sewage System									
*Non-Public 'Yes 'No									
Has Sewage Disposal Permit been obtained? 'Yes 'No									
Attach a copy of Permit or SEO letter.									
Name of Solid Waste Collector									
Refuse Disposal Site (if known)									
Have Zoning Requirements been met? 'Yes 'No  Have Code Requirements (electrical, plumbing, ventilation, building, etc.) been met? 'Yes 'No  Copy of City Permit Attached? 'Yes 'No  8. Construction  Nature of Construction: 'Equipment Change 'New Construction 'Minor Construction  Briefly Describe:  Anticipated Start Date:									
9. Anticipated Opening Date:									
10. Signature of Applicant:Date:									
Licones Types									
License Type:  'E & D'Registration 'Reg Exempt' 'Temporary									
Standards for Review:									
'Permanent 'Temporary 'Mobile 'TFF with Perm License									
Approval:									
Plans Approved, Date: Plans Denied, Date:									
Reviewing Sanitarian:									