

Bureau of Health  
724-285-4124  
724-944-7144 CELL



**APPLICATION MUST BE COMPLETED AND RETURNED WITH THE FEE BY THE END OF THE MONTH OR A LICENSE WILL NOT BE ISSUED.**

**THERE WILL BE A LATE FEE IN THE AMOUNT OF \$25.00 PER MONTH IF THE FEE IS NOT PAID ON OR BEFORE THE 5TH DAY OF THE FOLLOWING MONTH.**

**CITY OF BUTLER**  
140 W. NORTH STREET  
BUTLER, PENNSYLVANIA 16001

**LICENSE APPLICATION**

**Public Eating and Drinking Place  
Food Retail and Food Preparation**

Name of Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_  
Number Street City State Zip

Mailing Address: \_\_\_\_\_  
Number Street City State Zip

Proprietor: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

**TYPE OF LICENSE**

- |  |       |   |          |
|--|-------|---|----------|
| <input type="checkbox"/> Annual Inspection .....                               | \$100 | <input type="checkbox"/> Initial Inspection/New Establishment ..... | \$190    |
| <input type="checkbox"/> Inspection/New Ownership/Existing Establishment ..... | \$190 | <input type="checkbox"/> Plan Review/New Construction .....         | \$115    |
| <input type="checkbox"/> Inspection/Non-Profit Organization .....              | \$100 | <input type="checkbox"/> Other .....                                | \$ _____ |

**ATTACH CHECK OR MONEY ORDER PAYABLE TO THE BUREAU OF HEALTH, CITY OF BUTLER, 140 W. NORTH STREET, BUTLER, PA 16001**

**DO NOT SEND CASH!**

**Applicant or Authorized Agent Must Sign Below:**

*Ray A. Bonelli*  
\_\_\_\_\_  
Health Officer's Signature

\_\_\_\_\_  
**Signature**

Date: \_\_\_\_\_

Date: \_\_\_\_\_

This is to certify that \_\_\_\_\_ has been inspected and approved by the Health Department of the City of Butler and that \_\_\_\_\_ (Operator) is authorized to operate said establishment for a temporary period not to exceed thirty (30) days pending receipt of a valid license from the Department. This authorization does not relieve the Operator of the responsibility of compliance with all applicable laws and regulations of the City and Commonwealth. This notice must be posted in a conspicuous place until the official license has been received.

\_\_\_\_\_  
Health Officer

\_\_\_\_\_  
Date: