

Tinicum Township
97 Wanamaker Avenue
Essington, PA 19029
Tel: 610-521-3530 Fax: 484 494 4117

ANNUAL HEALTH LICENSE APPLICATION

HL- _____ (Office Use)

Application is, hereby, made for License to Operate. By this application it is agreed that the facility will comply with the provisions of the Delaware County Health Department Rules and Regulations.

If the Health Officer needs to go back to your facility for a re-inspection, a re-inspection fee is required to be paid prior to inspection.

If your Health License is not submitted within one month of Health License Expiry date, you will be assessed a \$50.00 late charge, plus your regular application fee.

Facility/Business Name: _____

Address of Business: _____

Owner of Business: _____

Mailing Address: _____

Business Phone Number: _____

Contact/Manager Name: _____

Contact Cell phone number: _____

Email (Required): _____

Serv Safe Manager Cert Number: _____ Expire Date: _____

Name of Manager on Certificate: _____

(Please provide copy of Serv Safe Certificate with this application)

Hours of Operation: _____ Sq Foot of Business: _____

Each employee is liable for \$52.00 Tinicum Township Local Service Tax, plus 1% earned income tax.

Fee based on Square Foot: Up to 1500 Sq Ft - \$50, 1501-2500 - \$75, 2501-5000 - \$125, 5001-7500- \$230, 7500-10,000- \$325, 10,001-15,000 - \$425, Over 15,000 - \$600

Signature of Owner/ Manager: _____

Office Use Only:

Amount of Payment: \$ _____ Cash Credit Card Check Number: _____