

Borough of Clifton Heights  
30 S. Springfield Road  
Clifton Heights, PA 19018  
610-623-3223 Fax 610-284-1461

## 2014 APPLICATION FOR HEALTH LICENSE

\_\_\_ EATING AND DRINKING ESTABLISHMENT

\_\_\_ RETAIL FOOD STORE/FOOD VENDING OPERATION

NAME OF ESTABLISHMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

BUSINESS OWNER \_\_\_\_\_

OWNERS ADDRESS \_\_\_\_\_

NAME OF PRIVATE GARBAGE COLLECTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME OF EXTERMINATING SERVICE \_\_\_\_\_

ADDRESS OF EXTERMINATING SERVICE \_\_\_\_\_

HOW OFTEN IS ESTABLISHMENT EXTERMINATED \_\_\_\_\_

**\*\*\*PLEASE SEND A COPY OF EXTERMINATING CONTRACT\*\*\***

FLOOR AREA (IN SQUARE FEET) \_\_\_\_\_

NUMBER OF EMPLOYEES \_\_\_\_\_ SEATING CAPACITY \_\_\_\_\_

NAME OF EMPLOYEE FOOD SAFE STATE CERTIFIED \_\_\_\_\_ EXPIRES

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR A LICENSE TO OPERATE AN EATING OR DRINKING ESTABLISHMENT/RETAIL FOOD VENDING OPERATION, IN THE BOROUGH OF CLIFTON HEIGHTS FOR THE YEAR OF 2014  
**FEE \$60.00**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_