



License Application

FOOD

Please read instructions attached to this form.
For additional information call 311 or 215-686-8686

DEPARTMENT OF LICENSES AND INSPECTIONS
CUSTOMER CARE UNIT
PUBLIC SERVICE CONCOURSE
1401 JOHN F KENNEDY BLVD.
PHILADELPHIA, PA 19102

USE A SINGLE CHECK OR MONEY ORDER PAYABLE TO "CITY OF PHILADELPHIA"

LICENSEE INFORMATION

1. NAME OF LICENSEE (BUSINESS or OWNER)		2. BUSINESS NAME (IF DIFFERENT THAN NAME OF OWNER)		
3. LICENSEE MAILING ADDRESS (PO Boxes Are Not Acceptable)				
4. BUSINESS LOCATION				
5. DAYTIME PHONE NUMBER	6. EVENING PHONE NUMBER	7. FAX NUMBER	8. E-MAIL ADDRESS	
9. COMMERCIAL ACTIVITY LICENSE NUMBER		10. BUSINESS INCOME AND RECEIPTS TAX NUMBER		
11. LICENSE TYPE (Check All That Apply)	FEE	REVENUE CODE	EXPIRATION DATE	LICENSE NUMBER
<input type="checkbox"/> Food Establishment (Retail, Non-Perm.)	\$150.00	3112	4/30/	
<input type="checkbox"/> Food Establishment (Retail, Perm Loc, up to 5,000 Sq. Ft. based on gross store area)	\$200.00	3118	4/30/	
<input type="checkbox"/> Food Establishment (Retail, Perm Loc, over 5,000 Sq. Ft. based on gross store area)	\$500.00	3119	4/30/	
<input type="checkbox"/> Food Manufacturer, Wholesale Processed	\$350.00	3113	4/30/	
<input type="checkbox"/> Food Preparing and Serving, up to 50 seats	\$300.00	3120	4/30/	
<input type="checkbox"/> Food Preparing and Serving, more than 50 seats	\$300.00	3121	4/30/	
<input type="checkbox"/> Food Preparing and Serving, Caterer	\$300.00	3122	4/30/	

I certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make false statements herein I am subject to the possible revocation of any licenses issued as a result of my false application and such penalties as prescribed by law.

Applicant's Signature: _____ Date: _____