

2017

Borough of Beaver

Health Department

Application For Health License

Fee\$ _____	Ck # _____
Date Paid _____	
License # _____	

Today's Date: _____

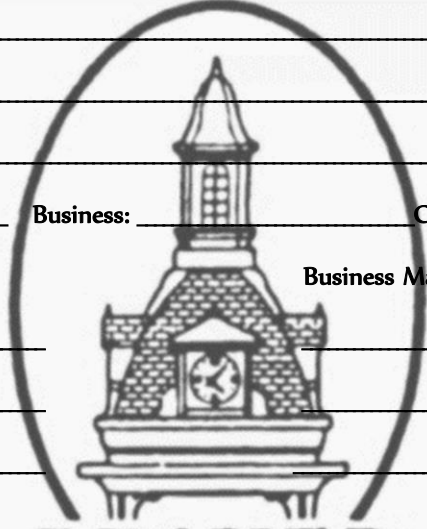
Name of Business: _____

Applicant Name: _____

Applicant Home Address:: _____

Phone #'s – Home: _____ Business: _____ Cell: _____

Business Physical address: _____ Business Mailing Address: _____



BEAVER

PA Operators License Number : _____

Description of food services to be rendered: _____

If using a flame to cook, applicant must make application with the fire safety officer.

In consideration of such license, I hereby agree at all times to conduct the said premises in conformance with the purposes, intent, and provision of the Food Handling Establishment Ordinance, and other ordinances of the Health Department, the amendments and supplement thereto, other ordinances of the municipality and statutory laws of the State of Pennsylvania to the conduct of such businesses.

NO LICENSE SHALL BE TRANSFERABLE. Licenses may be suspended or revoked by the Health Department upon violation of the purposes, intent and provision of the Food Handling Establishment Ordinance and other ordinances of the Health Department, other ordinance of the municipality and statutory laws of the State of Pennsylvania relating to the conduct of such business.

Signature of applicant

Date