

# TAMAQUA HEALTH LICENSE APPLICATION

## BOROUGH OF TAMAQUA

320 East Broad Street, Tamaqua, PA 18252

<b>I. BUSINESS INFORMATION</b>		
Business Name:		
Building Number & Street Name:		
Previously licensed:	Liquor license:	Type of liquor license:
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

RECEIVED STAMP

<b>II. CONTACT INFORMATION</b>			
Applicant:	Phone:	email:	
Address:	City	State	Zip
Owner (if not applicant):	Phone:	email:	
Address:	City	State	Zip
Designated Agent:	Phone:	email:	
Address:	City	State	Zip

<b>III. ESTABLISHMENT DETAILS</b>	
Establishment description:	
Seating Capacity:	Open Seasonally: Yes* or No (if Yes when to when?)
Change in ownership since last December? Yes or No	If yes who was the previous owner and when did ownership change?

<b>IV. Servsafe</b>		
Who is responsible for the food preparation and temperatures within the establishment?		
Name on ServeSafe Certificate:	Certification number:	Expiration date

<b>V. Current Health License Information</b>	
Current Health License Number:	Expiration date:

**VI. INSPECTION FEE SCHEDULE**

Upon application for a Certificate of Compliance and the payment to the Borough of Tamaqua a fee of ONE HUNDRED (\$100.00) Dollars per Health License, the Code Enforcement Officer or designee shall review pertinent Borough records and inspect the subject premises. All inspection fees shall be paid prior to the inspection. A RE-INSPECTIONS of FIFTY DOLLARS (\$50.00), will be required for those restaurants that do not pass the initial inspection. Failure to pay inspection fees shall be deemed a failure and/or refusal to comply with the provisions contained herein, and will be subject to license revocation and if applicable notification to the PALCB

ONE HUNDRED (\$100.00) per License      Total Fees Included: \_\_\_\_\_      Payable to: Borough of Tamaqua

Applicant Signature: \_\_\_\_\_      Application Date: \_\_\_\_\_