

Tinicum Township  
629 North Governor Printz Blvd  
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: \_\_\_\_\_