

**Susquehanna Township**

1900 Linglestown Road
Harrisburg, PA 17110
717-545-4751

www.susquehannatwp.com

License #	
Date Paid	
Payment Type	

**SUSQUEHANNA TOWNSHIP
2024 RETAIL FOOD FACILITY APPLICATION**

Re:

A Retail Food Facility within Susquehanna Township must obtain a valid Food License. Licenses are valid through the 31st of December of each year. To receive your 2024 Food License, this form must be completed and returned to Susquehanna Township Office with the annual fee of \$200.00 no later than December 31, 2023. The application and a check or money order may be delivered in person or mailed to Susquehanna Township Building, 1900 Linglestown Rd., Harrisburg, PA. 17110. Checks should be made out to Susquehanna Township. Questions may be directed to Tony Russo, Health Officer at 717-805-9956 or via email at trusso@susquehannatwp.com.

PLEASE PRINT**Check one:**

☐ Renewal for existing facilities ☐ New Applicant ☐ Change of Owner

Name of Facility (Common Public Name) _____

Facility Street Address _____

City _____

State _____ Zip Code _____

() _____

Facility Phone Number _____

() _____

Facility Cell Number or Alternate Phone Number _____

Contact Name & Facility Email (Manager/Person in Charge)

(over)

Mailing Address (If other than Facility)_____
Attention_____
Business Name_____
Street Address_____
City/State_____
Zip Code_____
Owners name_____
Person in Charge (If not the Owner)**GREASE TRAP**

Trap Size _____ gallons Pumping Company _____ Date Pumped _____

Copies of all pumping/cleaning reports are required to be submitted to the Township**ZONING AND OTHER CODES****Building Codes and Zoning:** (check all that apply)

_____ Facility/Unit/Business is compliant with local zoning requirements.

_____ Facility/Structure is compliant with all building code requirements (electrical, plumbing, ventilation, structural, etc.)

Sales Tax: (check one)

_____ A license to collect sales tax has been obtained or applied for.

_____ According to the PA Dept. of Revenue, I have determined my business is exempt from sales tax.

Days and time of operation (put times in boxes)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday _____

Anticipated date of opening for new facilities or change of ownership: _____

Signature_____
Date**FEES****Application/Activity**

Public eating and drinking place

Itinerant public eating and drinking places

Second follow up inspection fee of food establishments

Third or subsequent follow up inspection fee

Courtesy inspection fee

Fee

\$200 Annually

\$200 Annually

\$150

\$300

\$150