



Food Safety Program

2121 Noblestown Road, Suite 210, Pittsburgh, PA 15205

REGISTRATION APPLICATION Class 1 Registration

INSTRUCTIONS:

This application is for registering a Class 1 (I) Food Facility to store, display, sell and handle only commercially-prepackaged, non-time and temperature-controlled for safety (TCS) food. Class I facilities are required to register with the ACHD Food Safety Program before operation of the retail food facility pursuant to 7 PA Code § 46.212 and are also subject to inspection and all other provisions of relevant state and local health regulations

Print neatly and complete all sections of application. Check all boxes that apply. Please provide accurate information to help streamline the registration process.

Reminder: Food registrations are not transferable by address, owner, or change of classification. Any change of address, owner, or classification shall require a new registration.

All applications must include:

1. Signed and completed Class 1 Registration Application (this form)
2. Proof of applying for or received a sales and use tax license

No registration application fee is required per the Food Safety Program Fee Schedule.

Send the application and any supporting documents to the:

Allegheny County Health Department, Food Safety Program
2121 Noblestown Road, Suite 210
Pittsburgh, PA 15205

All material should be submitted at least 14 days prior to the proposed date of operation start. Failure to provide all required information could delay your registration.

For questions about this application, email the Allegheny County Health Department (ACHD) Food Safety Program at foodsafety@alleghenycounty.us or call 412-578-8044.

OFFICIAL USE ONLY

Date Received: _____

Municipality: _____

Application No.: _____

Assigned to: _____

Business Information		
Name of Food Facility (DBA):		Food Facility Phone:
Food Facility Location/Address:		
City:	State:	Zip Code:
Legal Name for Corporation or LLC (proposed food permit holder):		
Business Mailing Address:		
City:	State:	Zip Code:
Contact Person:	Job Title of Contact Person:	
Contact Person Email:		Contact Person Phone:

Sales and Use Tax License Verification
<input type="checkbox"/> Business or sole proprietor has applied for and/or received a sales and use tax license from the Pennsylvania Department of Revenue. A copy of the sales tax license or proof of application is required with this application.
Note: For information on applying for a sales tax license, contact the Pennsylvania Department of Revenue.
<input type="checkbox"/> I have determined that my business is exempt from the collection of sales tax. I certify the facility is compliant with the PA Department of Revenue rules and regulations. All applicable supporting documentation is attached.

Food Handling Operation Descriptions	YES	NO
Complex food preparation with TCS foods (Store-Prepare-Cook-Cool-Reheat-Hot Hold-Serve)		
Food preparation with no cook step (Store-Prepare-Serve)		
Prepare food for same day service (Store-Prepare-Cook-Serve)		
Serve or provide unwrapped/unpackaged fruits or vegetables intended immediate consumption, with edible rinds, peels, or skins such as apples, pears, and peaches.		
Repackage bulk food items into consumer packaging.		
Offer Commercially processed and packaged TCS foods in original packaging. Packaging opened by the consumer. (Receive-Store-Hold)		
Offer frozen packaged dairy, meats, or poultry food items		

Food Handling/Operation Description (Continued)	YES	NO
Provide wrapped or packaged fruits or vegetables, that are washed prior to arrival at the food facility.		
Offer Commercially processed and packaged Non-TCS foods in original packaging. Packaging opened by the consumer. (Receive-Store-Hold)		
Offer unopened bottled or canned beverages		
Offer unopened snacks (examples: chips, canned soda, cookies, candies)		

For more information about food facility classification, please use the [Classification Flow Chart](#) or visit alleghenycounty.us/FoodSafety.

Facility Information		
Provide anticipated hours of operation: _____		
Toilet Rooms:		
Is there an employee toilet room?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Number of toilet rooms: _____		
Is there a toilet room accessible to the public that does not pass through any food storage, food preparation, or ware washing areas?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Structural Details:		
Does the facility have a basement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, do you have access to the basement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

As a representative of the new business, I understand and affirm that the facility must be brought into compliance with current Allegheny County Health Department Rules and Regulations and also acknowledge, upon any inspection, that if the facility is found to be out of compliance with applicable current codes and standards, the facility is subject to necessary upgrades. I recognize that changes to the facility's operations, types of food sold, or classification may require submittal of construction plan(s) for review and approval if needed, and I understand that failure to make required changes may result in enforcement.

I affirm that the above information is true to the best of my knowledge and belief. The undersigned hereby makes application for registration to operate a Class 1 Food Facility in the County of Allegheny.

Print Name

Title

Signature

Date