



## Allegheny County Health Department Food Safety Program

2121 Noblestown Road, Suite 210, Pittsburgh, PA 15205-3956  
phone: 412.578.8044 • fax: 412.578.8190 • [AlleghenyCounty.us/FoodSafety](http://AlleghenyCounty.us/FoodSafety)

### CLASS 1 REGISTRATION/CLASS 2 PERMITTING APPLICATION

#### **INSTRUCTIONS:**

**Complete ONLY section one of this application to register for a Class 1 Food Facility** to store, display, sell and handle only commercially prepackaged, non-time and temperature-controlled for safety (TCS) food. Class 1 facilities are required to register with the ACHD Food Safety Program before operation of the retail food facility and are subject to inspection and all other provisions of relevant state and local health regulations. **No registration application fee is required for Class 1 per the Food Safety Program Fee Schedule.**

**Complete Sections One and Two of this application to apply for a Class 2 Food Facility** to store, display, sell and handle only commercially prepackaged, food requiring time and temperature-controlled for safety (TCS) such as milk, eggs, ice cream and other items requiring refrigeration.

**Print neatly and check all boxes that apply.**

#### **All applications must include:**

1. Signed and completed Class 1 Registration/Class 2 Permitting Application (this form)
2. Proof of receiving or having applied for a sales and use tax license from the PA Department of Revenue

#### **Class 2 applications must also include the following items:**

1. Tentative menu and/or types of food to be sold, stored
2. List of equipment including the manufacturers' names and model numbers
3. Labeled floor plan of the entire food facility premises (drawn to scale for dimensions)
4. Site plan which includes the property boundaries, exterior building dimensions and location(s)
5. Payment of the Class 2 Plan Review Application fee (\$85 standard fee or \$42.50 non-profit fee)

Checks and money orders must be made payable to the **"Treasurer of Allegheny County."** Send the application, supporting documents, and fee, if applicable, to:

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

All material should be submitted at least 4-6 weeks prior to the proposed date of operation start. Failure to provide all required information could delay your registration or permitting.

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

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

#### **OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_

Municipality: \_\_\_\_\_

Application No.: \_\_\_\_\_

Assigned to: \_\_\_\_\_

**Section One:**

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

**Non-profit Status Information**

ACHD Article III, § 302.3(D):

1. A tax-exempt organization under section 501(c)(3) of the Internal Revenue Code of 1986 (26 U.S.C.A. § 501(c)(3)).
2. A volunteer fire company or ambulance, religious, charitable, fraternal, veterans, civic, sportsmen, or a separately chartered auxiliary of an association on a nonprofit basis.
3. An organization that is established to promote and encourage participation and support for extracurricular recreational activities for youth of primary and secondary public, private and parochial school systems on a nonprofit basis.

Are you requesting nonprofit status?

 YES       NO

If requesting non-profit status, provide one of the following with your application:

- IRS Letter of Determination with EIN
- Letter or Statement from the PA Department of State with EIN
- A charter from a nonprofit organization to operate the facility
- Other (describe):

---



---

### Sales and Use Tax License Verification

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.

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

Mark "Yes" or "No" for the food operations described below.	YES	NO
Provide commercially processed and packaged foods which require refrigeration in original packaging; packaging opened by the consumer (Receive-Store-Hold)		
Provide milk, eggs, cheese, meats, or poultry food items		
A Banquet Hall that provides kitchen facilities and equipment to renters		
Provide packaged seed sprouts, cut melons, cut leafy greens, cut tomatoes or mixtures of cut tomatoes		
Provide commercially processed and packaged foods which do not require refrigeration for safety 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)		
Offer unbottled brewed coffee (If yes, then stop and complete the <a href="#">Permanent Food Facility - New Construction/Remodel Application</a> .)		
Offer unpackaged or repackaged food items (If yes, then stop and complete the <a href="#">Permanent Food Facility - New Construction/Remodel Application</a> .)		

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

### Facility Information

Provide anticipated hours of operation: \_\_\_\_\_

#### Structural Details:

Does the facility have a basement?  YES  NO

If yes, do you have access to the basement?  YES  NO

#### Food Storage:

Will all food and food-related items be stored on shelving at least six inches off of the floor?  YES  NO

<b>Facility Information (Continued)</b>		
---	--	--

**Plumbing:**

Does your facility have a service sink, mop sink, or utility sink installed?  YES  NO

If yes, please provide location: \_\_\_\_\_

Will there be any work involving plumbing, such as adding, removing, replacing, or relocating fixtures?  YES  NO

If yes, submit the plumber's name: \_\_\_\_\_

**Note:** A copy of your final plumbing inspection will be required.

**Toilet Rooms:**

Is there a separate toilet room for employees only?  YES  NO

Is seating available for customers?  YES  NO

Is there a toilet room accessible to the public?  YES  NO

If yes, do customers pass through any food storage, food preparation, or warewashing areas to access the toilet room?  YES  NO

How many toilet rooms are for customers? \_\_\_\_\_

**Flooring:**

Do you have carpet in your facility?  YES  NO

If yes, describe where the carpet is installed: \_\_\_\_\_

**INSTRUCTIONS:**

For Class 1 Registration Applications, continue to Page 5 to read the acknowledgement and sign the application.

For Class 2 Permit Applications, continue to Section Two below through Page 5.

**Section Two:** Complete this section if applying as a Class 2 Food Facility.

<b>Refrigeration</b>
----------------------

How many days between food deliveries? \_\_\_\_\_

Are adequate refrigeration facilities provided?  YES  NO

Will thermometers (accurate to  $\pm 3^{\circ}$  F) be provided in each refrigeration unit?  YES  NO

### Equipment List

List the type, make, and model number for all food service equipment. Attach an additional sheet or a separate list of equipment if needed.

All equipment must be designed and constructed in accordance with the criteria in ACHD Food Safety Rules & Regulations, Article III, Sections 307 and 308. If manufacturer and/or model number is unknown, then list the location of the equipment. It will be evaluated during the inspection.

**\*Equipment certified by NSF, ETL Sanitation, UL EPH, or equivalent American National Standards Institute (ANSI) accredited program certifications comply under ACHD Food Safety Rules & Regulations, Article III, Sections 307 and 308**

**Please list equipment:**

Equipment Type (include how many)	Location (Example: Kitchen, Basement)	*Commercial? (Yes / No)	Description	
			Manufacturer	Model number
<b>REFRIGERATION</b>				
<b>OTHER</b>				

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. I 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 or for a permit to operate a Class 2 Food Facility in the County of Allegheny.

---

Print Name

Title

---

Signature

Date