

**Pennsylvania Department of Agriculture
Bureau of Food Safety and Laboratory Services
WWW.EatSafePA.com**

**RETAIL FOOD FACILITY PERMANENT LICENSE
APPLICATION AND PLAN REVIEW**

Chapter 46, Food Code, the Rules and Regulations of the PA Department of Agriculture are issued under the Retail Food Facilities Safety Act of 2010 (3 Pa. C.S.A. §§5701 - 5714) and requires that properly prepared plans and specifications for construction, remodeling or alteration of a retail food facility must be submitted to and approved by the Department before food can be prepared, served and sold.

****This application is NOT for Retail Food Facilities located in Local Health Department jurisdictions. Please contact your Local Health Department directly for information on licensing.**

SECTION 1: COMPLETE AND MOVE TO SECTION 2

PURPOSE OF THE PLAN REVIEW

LICENSE TYPE: RETAIL FOOD FACILITY-PERMANENT

PART A:

THIS FACILITY IS A:

- ☒ Permanent Structure/Building OR
☐ Mobile Unit (Any operation that moves around) OR
☐ Not a Structure/Building or mobile, but always operating at the same location (i.e. food stand, barbeque operation, stick stand)

PART B:

PLEASE SELECT:

☐ **New Food Facility**

- ☐ New construction of a food facility
☐ A new food business (in an existing physical structure not previously a food business)
☐ Opening a food business that has been non-operational for more than 3 months
☐ Currently operating (within the prior 3 months) and licensed food facility in which there will be a significant menu or food service style change. For example; change from a Mexican style restaurant to a fast food facility.

☐ **Change of Ownership**

A currently operating food business that will have new ownership but generally the same menu type and food service style, if the facility has been actively licensed and has been operational within the last 3 months. If not, select New Food Business above.

☐ **Remodel/Change to an Existing Operating Facility**

A currently licensed and active food facility that is remodeling (non-aesthetic) part or all of the facility or is significantly changing food service style or processing methods.

- ☒ **Other, Describe** The Warren County Career Center Food Program has been in existence for the past 44 years.

NAME OF FACILITY (Common Public Name): Hilltop Restaurant

347 East Fifth Ave Warren PA 16345

Phone Number (814) 726-1260 Fax Number (814) 726-9673

SECTION 4: FACILITY FLOOR PLAN & EQUIPMENT SCHEDULE

IF A "CHANGE OF OWNERSHIP", AS DESCRIBED IN SECTION 1, SKIP THIS SECTION AND MOVE TO SECTION 5.

IF A "REMODEL" ONLY, AS DESCRIBED IN SECTION 1, SIGN, ATTACH REMODEL PLANS* AND MOVE TO SECTION 5.

ALL "NEW FACILITIES" AS DESCRIBED IN SECTION 1 MUST ATTACH FULL PLANS, SIGN, & MOVE TO SECTION 5.

All facilities must submit **ONE** copy of a facility floor plan/layout, EXCEPT for CHANGE OF OWNERSHIP FOR AN EXISTING FACILITY WHERE NO CONSTRUCTION, REMODELING, OR CHANGES ARE GOING TO OCCUR. This plan must include the basic lay out of the facility, the location of all food service equipment, a listing of the equipment (including manufacturer's names and model numbers), water and sewer connection locations, restroom locations and fixtures, lighting schedules, surface or finish coat materials of floors, walls and ceilings (even if temporary), and site plan showing exterior building structures (including storage areas, trash receptacles, outside refrigeration units, etc...). Plans may hand drawn, to approximate scale, neat and legible. Plans will not be returned to you. The Department has provided guidance within the "Instructions" for your assistance in complying with this section of the application.

**Remodel facilities only, need only submit a floor plan and the list of equipment for the specific area(s) of the food facility that is affected by the remodel.*

I have attached the appropriate floor plan AND equipment list to this application.

Applicant Signature _____

SECTION 5: COMPLETE THIS SECTION AND MOVE TO SECTION 6

WATER, SEWER, WASTE INFORMATION

WATER: The facility is using: (Check which ONE applies and Sign)

☒ A public or municipal water supply regulated by DEP. If not municipal community water, the water supplies must be approved by DEP, Department of Environmental Protection (717-783-2300). Written documentation must be provided, such as your assigned Public Water Supply (PWS) number.

A Change of Owner must contact DEP to update information even if a PWS number is assigned to the facility.

Municipal Supplier, if applicable: PA AMERICAN WATER (example: Pa American Water)

☐ *A non-public / non-municipal / private water supply (example: well water). **A current water test must be provided.**

☐ *Mobile Unit: Various water supplies because this is a mobile unit and not filling at one location each time. Operators must always use approved and tested water supplies and have documentation of where the water was obtained.

***A current water test is attached and / or I understand that it is my responsibility to use ONLY approved & tested water supplies if mobile.**

Applicant Signature _____

SEWER: The facility is using: (Check which one applies)

☒ A municipal/public sewage disposal system.

Name of Sewage Authority: WARREN, PA

☐ A non-public sewage disposal system (examples; Sand mounds, holding tanks). For on-lot sewage disposal systems, please contact the local Sewage Enforcement Officer for your municipality and discuss if the current sewage disposal system is appropriate for your food facility. This would not apply if the facility is connected to an approved municipal supply, as listed above.

I contacted my municipality regarding my on-lot sewage disposal system on _____ (date). To the best of my knowledge my on-lot system meets state and/or local codes and is adequate for my Retail Food Facility and functioning properly.

Applicant Signature: _____

☐ For Mobile Units: Appropriate sewage/waste holding tanks that will be disposed of at approved sanitary sewage disposal sites.

REFUSE: (Check all that apply & complete fully)

☒ The food facility refuse collector is ADVANCED DISPOSAL (company name)

☐ List any other refuse /waste collection companies (ex: grease collection) _____

☐ This facility is a mobile unit and will use various approved refuse sites for disposal of refuse and waste.

SECTION 6: COMPLETE AND MOVE TO SECTION 7. IF A REMODEL ONLY, SALES TAX INFORMATION IS NOT REQUIRED

ZONING AND OTHER CODES

(Signature is required to affirm compliance with the appropriate requirements. Check ALL that apply and sign)

☒ Facility/Unit/Business is Compliant with Local Zoning requirements.

☒ Facility/Structure is Compliant with All Building Code requirements (electrical, plumbing, ventilation, structural, etc), where applicable.

☐ A license to collect sales tax has been obtained or applied for. For information on applying for a sales tax license, contact the Pennsylvania Department of Revenue - (717) 787-8201. A copy of the sales tax license or proof of application is attached to this application.

☐ According to the PA Department of Revenue rules and regulations, I have determined that my business is exempt from collection of sales tax.

I certify that the facility is compliant with the above checked requirements and all supporting documentation is attached.

Applicant Signature _____

SECTION 7: COMPLETE AND MOVE TO SECTION 8

FACILITY SERVICE INFORMATION

PART A:

DAYS OF OPERATION & TIME (Check days which apply & complete time facility is open)

<input type="checkbox"/> Monday	Time <u>Closed</u>	<input type="checkbox"/> Friday	Time <u>Closed</u>
<input checked="" type="checkbox"/> Tuesday	Time <u>11:00 AM - 12:15 PM</u>	<input type="checkbox"/> Saturday	Time <u>Closed</u>
<input checked="" type="checkbox"/> Wednesday	Time <u>11:00 AM - 12:15 PM</u>	<input type="checkbox"/> Sunday	Time <u>Closed</u>
<input checked="" type="checkbox"/> Thursday	Time <u>11:00 AM - 12:15 PM</u>		

☐ If mobile: Events or locations you routinely attend or set up/sell at:

PART B:

TYPE OF SERVICE (Check all that apply)

- | | | | |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> Retail Grocery Store | <input type="checkbox"/> Farmer Market Stand (immediate consumption foods) | | |
| <input type="checkbox"/> Dine-In Food Service | <input type="checkbox"/> Take-Out Food Service | <input type="checkbox"/> Catering | <input type="checkbox"/> Convenience Store |
| <input type="checkbox"/> Mobile Facility | <input type="checkbox"/> Church/Fire Hall/Non-profit | <input type="checkbox"/> Bar / Club | <input type="checkbox"/> On-the-Farm Retail Store |
| <input checked="" type="checkbox"/> School | <input type="checkbox"/> Organized Camp | <input type="checkbox"/> Salvage Food | <input type="checkbox"/> Frozen Dessert |
| <input type="checkbox"/> Other, Describe: _____ | | | |

TYPE OF MENU (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Full Service Menu (numerous items) ** attach menu | <input checked="" type="checkbox"/> Limited Menu (a few items) ** attach menu |
| <input type="checkbox"/> Specific Food Items List items _____ | |
| <input type="checkbox"/> Full Service Grocery with Departments: <input type="checkbox"/> Bakery <input type="checkbox"/> Deli <input type="checkbox"/> Café <input type="checkbox"/> Produce <input type="checkbox"/> Meat <input type="checkbox"/> Seafood <input type="checkbox"/> Dairy | |
| <input type="checkbox"/> Other, list _____ | |

Do you plan on serving any raw animal food undercooked, raw, or cooked to order? ☐ YES ☒ NO
List: _____ If yes, is a consumer advisory on your menu? ☐ YES ☐ NO

Do you have or have you applied for a liquor license? ☐ YES ☒ NO

PROJECTED CAPACITY

Number of seats = 40 (Include inside and outside seating as described in the instructions. Mark '0' if no seating provided)

Patron served daily (projected) = 30

PART C:

EMPLOYEE INFORMATION

Anticipated # of employees/volunteers, including owner = 38

Do you have a Certified Food Handler on Staff? ☐ YES ☐ NO ☒ Exempt (non-profit) or other exempt facility

If YES: Please attach a copy of your National Certificate

If NO: Do you have a Person-In-Charge enrolled in Food Safety Training? ☐ YES ☐ NO

If YES, Name, Date, and Location of Course _____

Do you have an employee health policy? ☐ YES ☒ NO

SECTION 8: ALL APPLICANTS READ AND COMPLETE

FACILITY OPENING:

Anticipated date of opening and/or ownership settlement of the facility and/or remodeling completed. N/A (date)

There are NO fees associated with this Plan Review Application. DO NOT SEND MONEY WITH THIS APPLICATION

License fees will be collected at the time of the licensing inspection and are as follows: (payable to: Commonwealth of PA)

Retail Food License

- "Change of ownership"-- \$82.00
- Remodel Plan Review --no charge
- "New Licenses"
 - Under 50 seats AND Owner Operated --\$103.00
 - All others, \$241

Other fees

- Annual Renewals --\$82.00
- 2nd Follow-up inspection Fee --\$150.00
- 3rd or subsequent Follow-up inspection Fee --\$300.00
- Duplicate License Fee - \$14.00
- Courtesy inspection Fee - \$150.00

This application, along with the floor plan and all other requested materials, as listed above, should be **submitted to you local Regional Office**, as listed on the cover letter. Please allow 3-4 weeks for processing of your plan review/application from the date of post marking. You may be contacted by your regional Food Sanitarian requesting further clarification or information. The Food Sanitarian will contact you with final approval OR you will be sent a letter via USPS with a disapproval, including the reasons, of this plan. Next, an on-site inspection will occur. This **must** happen prior to licensing and opening.

Commonwealth of Pennsylvania



Professional Certificate

This certificate entitles
CLINT A SALAPEK

to practice the "art of teaching" and render professional service in the endorsement areas hereon in the schools of
the Commonwealth of Pennsylvania
INDIANA UNIV OF PA/ MAIN

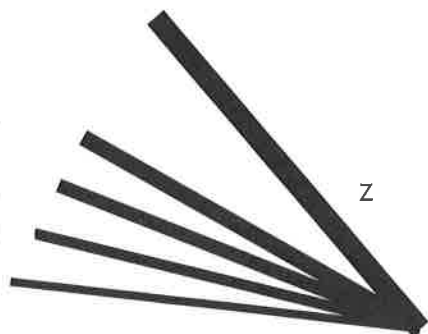
Type Code	Credential Name	Years Valid	Effective Date	Expiration Date	Subject Area Code	Area of Certification
21	Vocational Instructional I	6	08/01/2013		2059	Quantity Foods 7-12

5324761 797569 123081

Authorized by the Secretary of Education

This is not an official record. Prior to the hiring of the bearer of this certificate, all prospective employers should verify the validity of the certificate presented for employment. The validity and active status of the bearer's Pennsylvania certification(s) may only be officially verified by accessing the Teacher Information Management System (TIMS) at <<http://www.teachercertification.pa.gov>>. Additional information appears on the following page.

HillTop



Restaurant

**Food Production and Management Culinary Program
Clint Salapek, Chef/ Instructor**

Lunch time: 11:00-12:15

**Reservations must be made one day in advance per email to
salapekca@Wcsdpa.org**

February 3- 5, 2014

Tuesday

CHICKEN POT PIE

Slow-roasted chicken, carrots, peas, celery and onions in a rich cream sauce covered with a flaky crust. Soup & Dessert

Wednesday

OMELET

A spicy pepper-jack cheese omelet smothered with a blend of sausage, diced tomatoes and onions in a zesty ranchero sauce. Finished with sour cream, scallions and served with golden-brown home fries
Soup & Dessert

Thursday

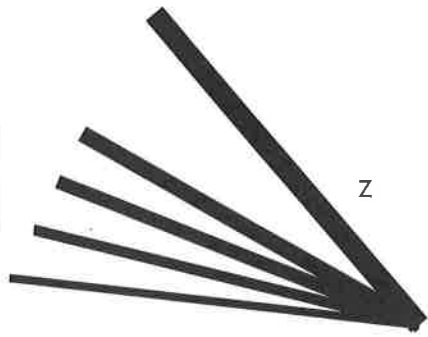
STROMBOLI

Homemade dough filled with ham, pepperoni, salami, provolone, and served with marinara sauce.
Soup & Dessert

All lunches are \$ 5.00.

Due to the increasing cost of food menu prices may vary with the changing market.

HillTop



Restaurant

**Food Production and Management Culinary Program
Clint Salapek, Chef/ Instructor**

Lunch time: 11:00-12:15

**Reservations must be made one day in advance per email to
salapekca@Wcsdpa.org**

February 10-12, 2014

Tuesday

CHICKEN CLUB

Grilled chicken breast on a Kaiser roll, lettuce tomato,
Swiss cheese and served with chips.
Soup & Dessert

Wednesday

BBQ HAM

Sliced ham smothered in BBQ sauce and served on a
Kaiser roll with chips and a pickle
Soup & Dessert

Thursday

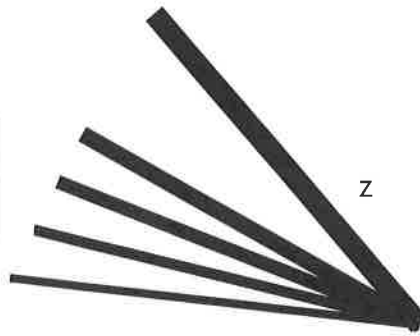
CASER WRAP

A tortilla wrap filled with turkey, lettuce, tomato, Swiss
cheese, and mayonnaise and served with chips.
Soup & Dessert

All lunches are \$ 5.00.

Due to the increasing cost of food menu prices may vary with the changing market.

HillTop



Restaurant

**Food Production and Management Culinary Program
Clint Salapek, Chef/ Instructor**

Lunch time: 11:00-12:15

**Reservations must be made one day in advance per email to
salapekca@Wcsdpa.org**

February 17-19, 2014

Tuesday

REUBEN

Corned beef piled high on rye bread with sauerkraut, Swiss cheese, and Thousand Island dressing and served with fries.

Soup & Dessert

Wednesday

TACO SALAD

A tortilla bowl filled with lettuce, tomato, cheddar cheese, and zesty taco meat.

Soup & Dessert

Thursday

CHICKEN FLORENTINE

A sautéed chicken breast served over a bed of rice and spinach and topped with a shallot cream sauce.

Soup & Dessert

All lunches are \$ 5.00.

Due to the increasing cost of food menu prices may vary with the changing market.

The Applicant understands and agrees that this document is an application for licensure of a retail food facility. The applicant understands and agrees that only a "proprietor" of a retail food facility may obtain a retail food facility license; and that a "proprietor" may be a person, partnership, association or corporation operating a retail food facility within the Commonwealth of Pennsylvania. The applicant verifies by signature below, that they are the "proprietor" of the retail food facility that is the subject of this application. The applicant verifies that all statements and information in this application is true and correct to the best of the applicant's knowledge, information and belief; and makes these statements subject to the penalties of 18 Pa.C.S.A. §4904, relating to unsworn falsification to authorities.

☐ INDIVIDUAL PERSON:

Signature

Legibly Print Name

Date

Date of Birth

☐ PARTNERSHIP:

Signature-General Partner

Signature-General Partner

Legibly Print Name

Legibly Print Name

Date

Date of Birth

Date

Date of Birth

☒ Corporation Or Association/Non-Profit Entity:

Warren County School District

Name of Corporation or Non-Profit Entity

Donna L. Zariczny

Name of current CEO/President

Date of Birth of CEO/President

Signature of Corporate / Association / Non-Profit Official

Date

Legibly Print Name

Board President

Official Title of Signatory

☐ Limited Liability Company (LLC) or Limited Liability Partnership (LLP):

Name of LLC or LLP

Name of President/CEO

Date of Birth of President/CEO

Signature -- Member

Date

Signature -- Member

Date

Legibly Print Name

Legibly Print Name

OFFICIAL USE ONLY:

LICENSE TYPE: ☐ RETAIL FOOD LICENSE ☐ LICENSE EXEMPT

STANDARDS FOR REVIEW: ☐ PERMANENT ☐ MOBILE

☐ **APPROVAL**

PLANS APPROVED, DATE _____ APPLICANT CONTACTED, DATE _____ METHOD _____

☐ **DISAPPROVAL**

PLANS DISAPPROVED, DATE _____ LETTER MAILED TO APPLICANT, DATE _____

Reasons for denial: _____

REVIEWING SANITARIAN

****REMINDER: IN ALL CASES, A FACILITY RECORD MUST BE CREATED IN PAFOODSAFETY AND THE APPLICATION SCANNED AND ATTACHED TO THE FACILITY RECORD.**