DATE RECEIVED: _____ RETURN DUE DATE TO FINANCE: _____
TIME RECEIVED: _____

BOROUGH OF STATE COLLEGE
243 SOUTH ALLEN STREET
STATE COLLEGE, PA 16801
(814) 278-4766

THERE IS A FIVE DAY PROCESSING PERIOD, NOT INCLUDING WEEKENDS AND HOLIDAYS, TO PROCESS THIS APPLICATION.

_____ APPLICATION FOR CANVASSERS OR SOLICITORS LICENSE
_____ APPLICATION FOR FOOT/VEHICLE PEDDLER OR DOOR TO DOOR SALES PERSONS LICENSE
_____ APPLICATION FOR TEMPORARY RETAIL BUSINESS/DEALERS LICENSE

PLEASE NOTE: Each person who wishes to actively engage in soliciting or canvassing, foot/vehicle peddling and door to door salespersons shall file a separate application and provide photographs and obtain a license. No group or joint application or licenses shall be permitted, except that, if the solicitation or canvassing is for the benefit of a charitable, religious or educational organization or purpose and, if the solicitation or canvassing will involve more than 10 solicitors or canvassers, one or more persons shall be permitted to apply for and on behalf of all of the other persons, giving the names, addresses, and social security numbers of such other persons.

OTHER LICENSE REQUIREMENTS TO BE APPLIED FOR AT SAME TIME APPLICATION SUBMITTED:
(Not applicable to Canvassers or Solicitors)

Health License if you have goods or items to be sold for human consumption.

PLEASE PROVIDE ALONG WITH APPLICATION:

Two current photographs (approx 2" x 3") of the applicant must accompany this application.

Attach a copy of your "Certificate of Registration" with the Pennsylvania Department of Revenue or a currently valid license to collect Pennsylvania state sales tax to this application.

(PLEASE PRINT)

APPLICANT:

Name: _____ Date: _____
(Last) (First) (Middle)

Local Address: _____
(No.) (Street) (City or Town) (County) (State) (Zip)

Permanent Address: _____
(No.) (Street) (City or Town) (County) (State) (Zip)

Sex: _____ Age: _____ Height: _____ Weight: _____ Color of Hair: _____ Color of Eyes: _____

Telephone No. _____ Date of Birth: _____ Soc Sec. No: _____
(Area Code) (Number)

Applicant is a Pennsylvania Resident who is a disabled military service veteran Yes _____ No _____

Name of Business: _____

Address of Business: _____
(No.) (Street) (City) (State) (Zip)

Owner of Business: _____

Permanent Address: _____
(No.) (Street) (City) (State) (Zip)

LOCAL MANAGER:

Name: _____
(Last) (First) (Middle)

Local Address: _____
(No.) (Street) (City or Town) (County) (State) (Zip)

Permanent Address: _____
(No.) (Street) (City or Town) (County) (State) (Zip)

NATURE AND LOCATION:

Nature of Business, please attach a copy of a contract if one is required: _____

_____

How many employees or assistants will you have: _____

Type of goods, wares or merchandise you will be selling: _____

_____

Method of contacting customers: _____

_____

Price of products: _____ Is deposit required: _____

Location you will be conducting your business:

Business Name: _____

Street Address: _____

Please attach a written permission from the PROPERTY OWNER to conduct business at this location. (FORM ATTACHED)

Give description of the cart or vehicle you will use: (provide all applicable information.)

_____
(Size of Type of Cart) (Color) (Make) (Year) (State) (Registration Plate)

_____
(Name of Registered Owner) (Operator's Number) (State)

IN THE INTEREST OF PUBLIC HEALTH AND SAFETY:

Grills of any kind are not permitted in the Downtown Commercial District. Grills may be permitted in other areas pending approval by the State College Department of Ordinance Enforcement and Public Health. Additionally, tents, pop-up tents or unbrellas shall not extend beyond setback limits nor shall they extend onto or over a public sidewalk or into or over a public right-or-way. Please contact our office at 814-234-7191 if you are not clear on set back limits.

HOURS OF OPERATION:

Date(s) of Activity: _____ Hours: _____ a.m. to _____ p.m.

DURATION OF LICENSE:

How long do you wish to be licensed for? Day: _____ Week: _____ Month: _____ Year: _____

CRIMINAL RECORD:

Have you ever been convicted of a misdemeanor or felony? Yes _____ No _____

If Yes, list arresting police agency, offenses and penalties imposed: (Use reverse side if necessary)

_____

_____

_____

REFERENCES:

(Three references required. **PLEASE PROVIDE DAY TIME PHONE NUMBERS.** References may not be employed by applicant or applicant's company and may not be relatives of applicant. References should be able to attest to the good character of the applicant and the nature of the proposed activities.)

1.) Name _____ Telephone: ( ) _____

Address: _____
(No.) (Street) (City or Town) (County) (State) (Zip)

How do you know the reference? _____

2.) Name _____ Telephone: ( ) _____

Address: _____
(No.) (Street) (City or Town) (County) (State) (Zip)

How do you know the reference? _____

3.) Name _____ Telephone: ( ) _____

Address: _____
(No.) (Street) (City or Town) (County) (State) (Zip)

How do you know the reference? _____

APPLICANT: Use this space for additional comments.

THIS SECTION FOR OFFICE USE ONLY

Police Records Check/Investigation

Conviction Record: Yes _____ (List offenses below) No _____

_____

_____

_____

Business/Organization

Doing Business/Service as listed: Yes _____ No _____
(If no, explain below)

_____

_____

_____

Reference Check:

Attempts to contact: Date/Time _____ _____

Reference #1 (Comments) _____

_____

_____

Attempts to contact: Date/Time _____ _____

Reference #2 (Comments) _____

_____

_____

Attempts to contact: Date/Time _____ _____

Reference #3 (Comments) _____

_____

_____

Based on the reference checks above and other investigation, the applicant's character is good and the applicant has conducted business in a satisfactory manner. Yes _____ No _____

If the applicant's good character cannot be confirmed by reference, has the applicant been requested to submit a criminal history record?
Yes _____ No _____

Based on reference checks and/or review of the criminal history record, I recommend:
Approval _____ Denial _____ of the license. Reasons for recommending denial are attached (separate sheet).

_____ _____
Signature - Chief of Police Date

Health Officer

Compliance with applicable health requirements: Yes _____ No _____

_____ Approved _____ Disapproved

_____ _____
Signature - Health Officer Date

Finance Department

License No. _____ Fee _____ Term _____ Issue Date _____ Expiration Date _____

Organization Represented is _____ Religious _____ Educational _____ Charitable

Proof of U.S. Department of Treasury tax-exempt status is attached to application _____ Yes _____ No

Applicant is a Disabled Military Service Veteran _____ Yes _____ No

Mayor or Manager

_____ Approved _____ Disapproved

_____ Signature - Mayor or Manager

_____ Date

License denied for the following reason(s):

_____ Previous conviction of felony or misdemeanor or legitimate complaints regarding business practices received.

_____ Inability to contact two of the References provided, or negative comments received from References.

_____ Lack of Health Officer approval for sale of items for human consumption.

_____ False or incomplete information on application.

_____ Applicant has violated ordinances concerning taxes, solicitors, canvassers, peddlers, door-to-door sales, temporary retail dealers.

WRITTEN PERMISSION

(PLEASE PRINT OR TYPE)

I _____ give permission to
(Property Owner)

_____ , _____
(Name of Applicant) (Business or Organization)

to conduct business at _____
(Business Name)

_____ on the
(Street Address)

following dates: _____.

_____
(Signature of Property Owner)

***** PLEASE NOTE *****

No activities are permitted during the period or the areas designated by Council for the conduct of the Central Pennsylvania Festival of the Arts or First Night.

REGISTRATION OF A FOOD EVENT ON PUBLIC PROPERTY

Save & Print

Division of Health & Neighborhood Services
243 South Allen Street, State College, PA 16801
(814) 234-7191 (phone) (814) 234-7197 (fax)
healthdept@statecollegepa.us

This registration is intended for use by charitable organizations planning to give away food or drink items to the general public or sell food or drink items as a fundraiser. Groups planning to sell any food or drink must contact the State College Department of Ordinance Enforcement and Public Health and return the completed application along with proof of non-profit status to the above address prior to the activity.

If giving away or selling baked goods, please attach a list of the items to be given away or sold along with the preparer's name, address, and phone number. This information must be submitted with the application. Baked goods must be individually wrapped.

No grills, cooking devices or food preparation is permitted on-site (unless previously approved by the Division of Health and Neighborhood Services.

The Department discourages the sale of potentially hazardous foods or drinks (meats, fish, dairy, etc.). If potentially hazardous foods or drinks are to be given away or sold more than three times per calendar year then the charitable organization must contact the Department of Ordinance Enforcement and Public Health to obtain the appropriate license and pay any fees that may apply.

Name of Group	Name of Representative
Address of Representative	Phone Number
Email	Date(s) of Event
Where will the event be held?	Municipality

What types of food(s) or drink(s) will be provided? _____

_____

Where will the food(s) or drink(s) be prepared? _____

_____

If the food was not prepared in a licensed facility, a sign must be posted in public view to that effect.

Signature	Date

FOR INTERNAL USE ONLY

The State College Borough Council approved your application on: _____

Signature: _____

Applications must be submitted to the Division of Health and Neighborhood Services and approved prior to submission of an application for the use of public property (Special Activities Application) where food is to be served.

For your convenience, additional information may be provided in the box below.

Guidelines for Charitable Organizations Serving Potentially Hazardous Foods

The following guidelines should be followed when serving potential hazardous foods to the public:

- An approved sanitizer such as a quaternary sanitizer or chlorine mix must be used to clean food prep areas and equipment (1 tablespoon to 1 gallon of water).
- A method of hand washing must be available.
- Gloves must be worn when handling any ready to eat foods such as buns, chips, lettuce, etc.
- Thermometers must be used to check temperatures of potentially hazardous foods.
- Foods must be cooked to the proper internal temperatures. Hamburger – 155°F for 15 sec.; Chicken – 165°F for 15 sec.
- Hot foods/drinks being prepared and held more than four (4) hours must be held at 135°F and stored in an approved container.
- Cold foods/drinks being prepared and held more than four (4) hours must be held at 41°F and stored in an approved container.
- When cooking with any type of grill or potentially hot surface there must be a barricade between the cooking area and the public as a safeguard against injury.
- A fire extinguisher must be kept within, but not closer than, 6 feet from the cooking area.
- Any grease produced during the preparation of foods must be stored in a container and disposed of properly.
- When selling or giving away food/drink, a sign indicating that foods/drinks prepared at the event were not prepared in a licensed kitchen must be displayed and visible to the public during the event.
- There should be a specific person designated to handle money and that person should not handle any food items.
- Food/drink must be shielded from the elements.

Organizations holding more than three events per calendar year and serving potentially hazardous foods/drinks must:

1. Obtain an appropriate license from the Division of Health and Neighborhood Services,

2. Certify a Person-In-Charge through an approved safe food handling program and are subject to inspection by the Division of Health and Neighborhood Services.

For any additional information, please contact the Division of Health and Neighborhood Services at (814) 234-7191 or at healthdept@statecollegepa.us.

Please keep this page for use during your food event.