

**RADNOR TOWNSHIP  
COMMUNITY DEVELOPMENT DEPARTMENT  
301 IVEN AVENUE  
WAYNE, PA 19087  
610-688-5600**

**APPLICATION FOR ANNUAL LICENSE TO OPERATE A PUBLIC EATING OR DRINKING PLACE OR RETAIL FOOD STORE**

Application is hereby made for a license to operate. By this application it is agreed that the establishment will comply with the provisions of the Radnor Township Community Development Department Rules and Regulations applicable to this type of establishment. It is further agreed that said establishment shall be open to inspection by the Radnor Township Community Development Department.

Application for license renewal shall be made at least one month before expiration of existing license. **THE LICENSE IS NOT TRANSFERABLE AND IS THE PROPERTY OF RADNOR TOWNSHIP AND CAN BE REVOKED AT ANY TIME.**

*Please refer to the Consolidated Fee Schedule, as amended, on our website at [www.radnor.com](http://www.radnor.com) for a copy of our current fees. Fees are dependent upon the number of seats if a sit down facility or if not, on the square footage of the establishment.*

PLEASE PRINT

<b>Establishment</b>	<b>Proprietor's*</b>
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Telephone: _____	Telephone: _____
E-mail Address: _____	<b>Number of Seats:</b> _____
Manager Name: _____	<b>Square Footage:</b> _____
Manager Address: _____	

Do you have a Dept. of Agriculture Certified Food Manager Certificate? \_\_\_\_\_ CFM Certificate# \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Please attach a copy of current certification. **By July 1, 2004 every establishment MUST have a certified food manager on site.**

**New establishments** applying for license must submit proof that application has been made or receipt has been acquired of a Sales and Use Tax License or Exemption from the PA Department of Revenue. **Please check one and enclose copy:**  
\_\_\_\_\_ Sales & Use Tax License \_\_\_\_\_ Sales & Use Tax Exemption Certificate \_\_\_\_\_ Complete Sales Tax Application

I, \_\_\_\_\_ (Please print name) hereby, certify that the facts set forth on this application are true and correct to the best of my knowledge. I understand that the submission of false or misleading information is grounds for legal action.

\_\_\_\_\_  
(Signature of Proprietor or Authorized Agent) Date \_\_\_\_\_

\_\_\_\_\_  
(Title of Proprietor or Authorized Agent)

\*Proprietor is defined as the person, partnership, association or corporation conducting a public food service facility. If ownership is a partnership or corporation attach a list of **all** partners or corporate officers along with their home addresses and phone numbers.

**ATTENTION: If any of your food is prepared off the premises include a copy of the current license and latest inspection of the establishment where the food is prepared, as well as verification by the establishment owner that your food is being prepared there. Your application will not be considered without these documents.**