



# Health Permit Application

For further information call (877) 727-3234

When completed, mail payment, required documentation, and application to:

City of Reading  
Property Maintenance Division  
815 WASHINGTON STREET, RM 1-30  
READING PA 19601-3618

Health Permit # \_\_\_\_\_

Date of Issuance: \_\_\_\_\_

(Official Use Only)

## 1. Type of Business / Food Service Information: \*

Small Restaurant (less than 50 seats)<br />Fee: \$175

Large Restaurant<br />Fee: \$400

Bakery<br />Fee: \$270

Small Grocery (less than 1,500 sq ft)<br />Fee: \$270

Large Grocery (1,500-2,500 sq ft)<br />Fee: \$450

Supermarket (2,500+ sq ft)<br />Fee: \$650

Other

If Other then enter type here

(if applicable)

## 2. Business Owner \*

First Name

Last Name

## 4. Address of Business Owner (No P.O. Boxes) \*

Street Address

Street Address Line 2

### 3. Business Owner Email

example@example.com

### 6. Business Telephone # \*

Please enter a valid phone number.

### 5. Name of Business \*

### 7. Address of Business \*

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

### 8. Food Service Information

#### Number inside seating \*

**Number outside seating \***

**9. Required Documentation**

Copy of Business Owner's ID Valid

PA ServSafe Certificate (except tax exempt or non-profit)

**10. Other Permits Needed**

N/A

Zoning Approval Certificate

Business Privilege  
(Rm 1-27)

**11. Inspections Needed**

Building

Plumbing

Electrical

Mechanical

Fire

13.

I hereby verify that the information provided on this application is true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S.A. §4904, relating to unsworn falsification to authorities. I hereby swear and affirm to abide by and adhere to the Codified Ordinances of the City of Reading and any and all applicable Federal or State laws, statutes or regulations.

**Date Submitted \***



Month Day Year