



CITY OF READING, PENNSYLVANIA

PROPERTY MAINTENANCE DIVISION
HEALTH OFFICE
815 WASHINGTON STREET
ROOM 1-30
READING, PA 19601-3690
OFFICE: (877) 727-3234
FAX: (610) 655-6525

OFFICE USE
DATE RECEIVED _____
INITIALS _____

LAUNDROMAT / LAUNDRY FACILITY HEALTH PERMIT APPLICATION - \$50, plus \$10 for each machine

HEALTH PERMIT # _____	DATE ISSUED _____
(Official Use Only)	

GENERAL BUSINESS INFORMATION

Business Name _____
Business Location / Address _____
Business Phone # _____

BUSINESS OWNER / APPLICANT INFORMATION

Business Owner Name _____
Mailing Address _____
Home Phone # _____ Mobile Phone # _____
Email Address _____

FACILITY INFORMATION

Hours of Operation
Monday _____ Tuesday _____ Wednesday _____ Thursday _____
Friday _____ Saturday _____ Sunday _____

Washing machines _____ # Dryers _____

Name of Trash Hauler _____ Type of Trash Container _____

REQUIRED INFORMATION / DOCUMENTATION

_____ Copy of Business Owner's government issued identification (e.g., Driver's License)

Other Permits Needed: ___ Zoning (Rm 1-27) ___ Business Privilege (Rm 1-27)
Inspections Needed: ___ Building ___ Plumbing ___ Electrical ___ Mechanical ___ Fire

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.

Signature of Business Owner

Date Submitted