PROPERTY MAINTENANCE DIVISION
Health Office
815 Washington Street
Reading, PA 19601-3690
(610) **655-6214**

City Of Reading

HEALTH PERMIT APPLICATION

GENERAL INFORMATION

Location of Business _____
Name of Business _____
Business Telephone _____
Name of Business Owner _____
Address of Business Owner _____

TYPE OF BUSINESS _____

TYPE OF MERCHANDISE SOLD
(Check all that apply) Supplier

____ Prepared or Cooked food _____
____ Hot or Cold drink _____
____ Grocery items _____
____ Fresh fruit and/or vegetables_____
____ Packaged food _____
____ Frozen products _____
____ General Merchandise_____
____ Alcohol _____

FOOD SERVICE INFORMATION

____ Restaurant ____ Grocery ____ Deli ____ Other
____ Number inside seating ____ Number outside seating

Name of Trash Hauler _____
Type of Trash Container_____

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