



Code Enforcement
Health Office
815 Washington Street
Reading, PA 19601-3690
(610) 655-6214

APPLICATION City Of Reading

HEALTH PERMIT

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 3-03) ___ Business Privilege (Rm 1-33)
Inspections Needed ___ Building ___ Plumbing ___ Electrical ___ Mechanical
___ Fire