



CHESTER BOROUGH HEALTH DEPARTMENT

Retail Food Establishment Plan Review Application

Name of Food Establishment: _____

Address of Food Establishment: _____

Phone Number at Food Establishment: _____

Owner's Name: _____

Owner's Address: _____

Owner's Phone Number: _____

Owner's Email Address: _____

Contractor Name/Address/Phone: _____

Brief Description of Food Establishment Type: _____

Signature: _____ Date: _____

PLEASE NOTE: This fee is only for the Health Department to review your Food Establishment application. Please provide a drawing of the kitchen, along with a copy of the menu and hours/days of operation.

This review is to make sure the establishment is up to the current code/standards of Chapter 24.

Select License Type:

- ☐ New Establishment
- ☐ License Renewal
- ☐ Change of Ownership

Fee for application: \$50.00

FOR OFFICE USE ONLY

_____ Fees paid
_____ Plans submitted
_____ Check #
_____ Date Paid