



416 South Main Street
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CITY OF GREENSBURG ESTABLISHMENT HEALTH LICENSE APPLICATION

APPLICATION FOR: New Facility Renewal Update Information
 Change of Ownership (Estimated Date of Settlement: _____)
(Previous Facility Name: _____)

NAME OF BUSINESS/FACILITY: _____

ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

EMAIL: _____

MAILING ADDRESS FOR CORRESPONDENCE (if different from facility address):

MANAGER/CONTACT INFORMATION:

Name: _____ Position: _____

Telephone #: _____ Cell #: _____

Email: _____

EMERGENCY CONTACT

Name: _____ Position: _____

Telephone #: _____ Cell #: _____

FACILITY OWNER INFORMATION:

Legal Owner Type: Association Corporation LLC Individual Partnership
 Other: _____

Association, Corporation, Partnership Name: _____

Pennsylvania State License #: _____ Federal Tax ID #: _____

Legal Owner Name: _____ Legal Owner Phone #: _____

Legal Owner Mailing Address: _____

OPERATION INFORMATION:

Months of Operation: All Jan Feb Mar Apr May Jun Jul Aug Sep
 Oct Nov Dec

Hours of Operation:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open							
Close							

Do you intend to offer catering services? YES NO

Signature of Applicant: _____

Date: _____

LICENSE FEE:

\$100 - First Inspection/License Fee

\$175/inspection - Third and/or Additional Re-inspections

Payable by Check made payable to the City of Greensburg

