Bureau of Health 724-285-4124 Ext. 300 724-944-7144 CELL

THERE WILL BE A LATE FEE IN THE AMOUNT OF \$25.00 PER MONTH IF THE FEE IS NOT PAID ON OR BEFORE THE 5TH DAY OF THE FOLLOWING MONTH.

Name of Establishment:



APPLICATION MUST BE COMPLETED AND RETURNED WITH THE FEE BY THE END OF THE MONTH OR A LICENSE WILL NOT BE ISSUED.

## CITY OF BUTLER

140 W. NORTH STREET BUTLER, PENNSYLVANIA 16001

## LICENSE APPLICATION

Public Eating and Drinking Place Food Retail and Food Preparation

Address of Establishment:

Type of License		Number	Street	City	State	Zip
Annual Inspection   \$100	iling Address: _	Number	Street	City	State	Zip
TYPE OF LICENSE   Annual Inspection	prietor: _	300000000000000000000000000000000000000				
Annual Inspection   \$100	ephone(s):	Jan. 1911-1912				
Inspection/New Ownership/Existing Establishment   \$175   Plan Review/New Construction   \$100   Profit Organization   \$100   Profit					-h	¢475
DO NOT SEND CASH!  Applicant or Authorized Agent Must Sign  Health Officer's Signature  Date:  Date:  Date:  has been inspected and appro Health Department of the City of Butler and that is authorized to operate said establishment for a temporary period not to exceed thirty (30) days pending revalid license from the Department. This authorization does not relieve the Operator of the responsibility of owith all applicable laws and regulations of the City and Commonwealth. This notice must be posted in a complace until the official license has been received.	Inspection/New Ownership/Exis	sting Establishme	ent \$175	☐ Plan Review/New Construction	on	\$100
Applicant or Authorized Agent Must Sign  Applicant or Authorized Agent Must Sign  Health Officer's Signature  Date:  Date:  Date:  has been inspected and appro Health Department of the City of Butler and that is authorized to operate said establishment for a temporary period not to exceed thirty (30) days pending revalid license from the Department. This authorization does not relieve the Operator of the responsibility of content and property of the city and Commonwealth. This notice must be posted in a complace until the official license has been received.					J OF HEALT	т,
Health Officer's Signature  Date:		Talk Tolling and the second of the second	Color to a Carlo Paristry Con Mencil Mark	and the second s	United Services	
Date:				Applicant or Authorized	Agent Must Sig	gn Below:
Date:	gay a	Bonel	h			
This is to certify that	ealth Officer's Signatur	е		Signature		
Health Department of the City of Butler and that	ate:			Date:		
Health Department of the City of Butler and that	is is to certify that			has been ins	pected and app	roved by the
valid license from the Department. This authorization does not relieve the Operator of the responsibility of content with all applicable laws and regulations of the City and Commonwealth. This notice must be posted in a content place until the official license has been received.						_(Operator)
Health Officer	id license from the Departr h all applicable laws and re	ment. This auth egulations of th	norization does ne City and Co	not relieve the Operator of the	responsibility o	f compliance
				Health Officer		
Date:				Date:		