Bureau of Health
724-285-4124
724-944-7144 CELL

THERE WILL BE A LATE FEE IN THE AMOUNT OF $30.00 **PER MONTH IF THE FEE IS NOT PAID ON OR BEFORE THE 5TH DAY OF THE FOLLOWING MONTH.**

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

Name of Establishment: _____

Address of Establishment: _____
Number Street City State Zip

Mailing Address: _____
Number Street City State Zip

Proprietor: _____

Telephone(s): _____

TYPE OF LICENSE

☐ Annual Inspection	$100	☐ Initial Inspection/New Establishment	$190
☐ Inspection/New Ownership/Existing Establishment	$190	☐ Plan Review/New Construction	$115
☐ Inspection/Non-Profit Organization	$100	☐ Other _____	$ _____

ATTACH CHECK OR MONEY ORDER PAYABLE TO THE BUREAU OF HEALTH, CITY OF BUTLER, 140 W. NORTH STREET, BUTLER, PA 16001

DO NOT SEND CASH!

Applicant or Authorized Agent Must Sign Below:

Gary A Bowlby
Health Officer's Signature

_____
Signature

Date: _____

Date: _____

This is to certify that _____ has been inspected and approved by the Health Department of the City of Butler and that _____ (Operator) is authorized to operate said establishment for a temporary period not to exceed thirty (30) days pending receipt of a valid license from the Department. This authorization does not relieve the Operator of the responsibility of compliance with all applicable laws and regulations of the City and Commonwealth. This notice must be posted in a conspicuous place until the official license has been received.

_____
Health Officer

_____
Date: