



Borough of Camp Hill

Eating and Drinking License Application

Date ____/____/____ New Renewal (✓ check one)

Cost **Annual: \$185.00** **Temporary (1 day event): \$50.00**

Payment is due with application submission

Establishment Name _____

Address _____

Name of Owner _____

Address _____

Phone Number _____ 24 hour emergency contact number _____

Indicate license type: (✓ check all that apply)

permanent food establishment/restaurant/hot food sales/drink/dairy sales

seasonal food sales temporary food sales mobile trailer/food vendor

school/institutional food service open air market serving fresh produce
food/drink/dairy

Hours of Operation:

Days: _____ through _____ from _____ hours till _____ hours.

Additional Hours of Operation _____

Manager in Charge _____ Phone Number _____

Mailing Address _____

Name of Applicant (print) _____

Signature _____

With my signature, I hereby attest the information provided above to be true and factual. I understand both application and inspections are required annually. License and operations are subject to enforcement action for violations of the Food Code.