BOROUGH OF CHAMBERSBURG

APPLICATION FOR A SPECIAL EVENT LICENSE

Codified Ordinance of The Borough of Chambersburg Chapter Code - 168: Licensing: **§ 168-2: General Food License Required – No person, firm, or corporation shall produce, transport, process, sell, dispose of, or offer for sale as human food any milk or milk products, meat or meat products, fish, or other foods and food products within the Borough without first obtaining a general food license therefore, in accordance with the provisions of the article and the food regulations of the Board of Health.**

Make checks payable to "Commonwealth Code Inspection Service." See attached LP Gas Guidelines (needs returned also) and ServSafe Guidelines.

LICENSE CATEGORY REQUESTED

Please see attached fee sheet.

Current Borough License Holder (on site)	$	If you have a year-round license.
Current Borough License Holder (off site)	$	If you have a year-round license.
1-2 Day Special Event (Non-Current Borough License Holder)	$	
3-5 Day Special Event (Non-Current Borough License Holder)	$	

Total Due $

CONTACT INFORMATION

Name Of Establishment: _____ Items to be Sold: _____

Contact Person: _____ Phone: _____

Contact Person's Full Address: _____

OTHER INFORMATION

Name of Event _____ Location of Event _____ Date of Event _____ Number of Food Handlers _____

City **Well** **Will Purchase Bottled** **Propane** **Electric** **Charcoal** **None**

Circle Source of Water (If well water, please attach test results.) Circle Source of Fuel (If propane, fill out attached.)

This refers to the water that is used in the food and/or for washing utensils used in preparation of the food.

Affidavit: By signing this application, I hereby declare that I am a duly authorized agent of the above referenced Business/Establishment acting within the scope of my authority. All correspondence and contact from or by the Borough of Chambersburg or its representatives should be directed to me. Should my authority as an agent be terminated, I understand that it is my duty to notify, in writing, Commonwealth Code Inspection Service at the address below. I verify that the facts set forth in this application, as well as those set forth above, are true and correct. I understand that any false statements herein are made subject to the penalties of Chapter **§ 168-6, relating to unsworn falsification to authorities. INCOMPLETE OR UNSIGNED FORMS WILL BE RETURNED.**

Signature of Agent/Responsible Party/Contact Person _____ Date _____

Commonwealth Code Inspection Service
1102 Sheller Avenue, Suite B, Chambersburg, PA 17201
(717) 262-0081