

AHB Special Event Concession Form

Name of Event: _____

Date of Event: _____

Event Location: _____

Concession Stand/Food Manager (on site): _____

Concession/Food Manager cell phone number: _____

Backup Contact (another person on site): _____

Backup contact cell phone number: _____

List of anticipated food vendors for event:

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

Set up arrival time for vendors: _____

Preferred vendor inspection time (subject to scheduling availability): _____

I certify that I am a representative from the person organizing the event, that I will be on site for the duration of the event, and that I will have contact information for all food vendors who will be on site.

I understand that if a deadline for inspection is passed, this places the temporary concession license in jeopardy to operate during the event.

I understand that all vendors must complete a [Temporary Food Service Establishment License Application](#) or have a valid annual license to operate in the City of Allentown for the current year.

Signature: _____ Date: _____

Please call 610-437-7599 with any questions.

Return form to: stevie.wolst@allentownpa.gov

or Allentown Health Bureau
435 Hamilton St.
Allentown, PA 18101

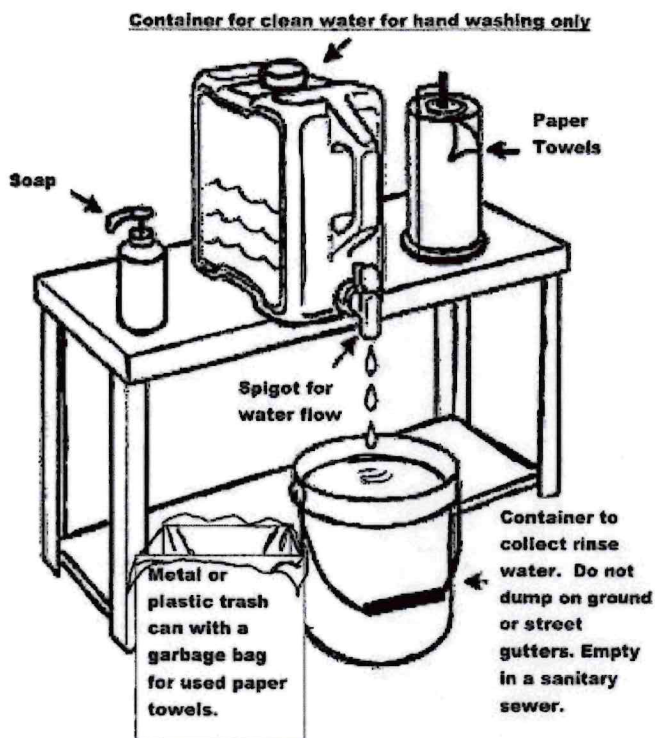


**Bureau of Health
Environmental Health Services**
435 Hamilton St., 410 City Hall
Allentown, PA 18101
Office: (610) 437-7759
FAX: (610) 439-5946

HANDWASHING AT TEMPORARY EVENTS

Proper handwashing facilities must be set-up and functional at all temporary food facilities. Handwashing stations must consist of a mechanical sink, or a container with running water (valve to turn water on/off), a wastewater container, soap, and paper towels. The use of HAND SANITIZER alone is NOT acceptable. In addition, soap pre-placed in a bucket of water is not acceptable.

Examples of proper handwashing stations:



WASH HANDS

Before

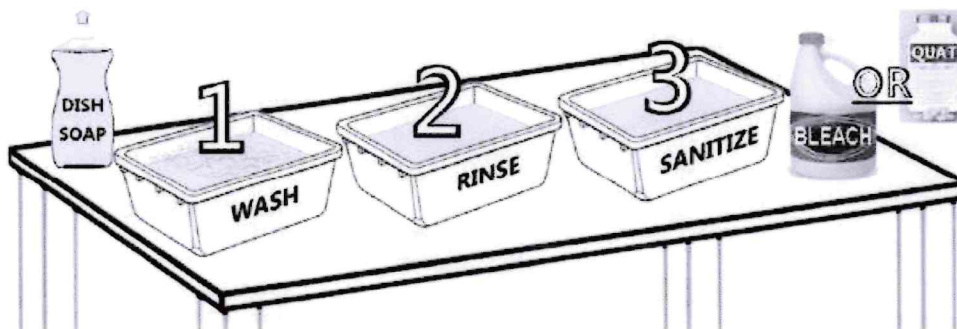
- Starting to work
- Putting on gloves or in between glove changes
- Handling clean dishes

After

- Using the restroom
- Sneezing or coughing
- Eating or drinking
- Smoking
- Handling money
- Emptying garbage
- Any chance of contamination

DISHWASHING AT TEMPORARY EVENTS

To clean and sanitize utensils follow the steps in the order shown below.



For Sanitizing, mix one tablespoon of bleach **OR** one quat tablet in one gallon of water.

**** DO NOT MIX QUAT AND BLEACH TOGETHER!**

Any wiping cloths used must be stored in a separate sanitizing solution for wiping cloths only.



**CITY OF ALLENTOWN
IN-CITY BUSINESS APPLICATION**

GENERAL INSTRUCTIONS: Complete all sections of the Business License application, answering all questions in full. *All applicants must complete Signature Section C.* Mail the completed form to: City of Allentown, Bureau of Revenue & Audit, 435 Hamilton St, Room 215, Allentown, PA 18101. A \$35.00 non-refundable application fee must accompany the application. Applications submitted after 3:30pm will not be processed until the next business day. If you have any questions, please call 610-437-7507.

Section A: This section must be completed for an Incorporated business or by persons who are Self-Employed and by **each Partner** of an unincorporated business. Additional copies of this form are available upon request and on-line at:
www.allentownpa.gov

Business Name		Federal EIN Number	
Legal Name (if different than Business Name)		Business Web Address	
Sole Proprietor or Partner Name		Social Security Number	
Physical Business Address (Do not use PO Box)		Allentown PA	Zip
		Business Phone	
Mailing Address for ALL Business related forms	Contact Person	E-Mail Address	
	Street or PO Box	City	State Zip
Indicate Type of Entity: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Other*:	Business Classification: <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Manufacturing <input type="checkbox"/> Rental Nature of Business: (detailed description)		

LIST PRINCIPAL OWNERS, PARTNERS OR OFFICERS

Name & Title	Home Address (No PO Box)	Social Security No.	Home Phone

City or Township/School District where you reside? _____ Date Business Started in City of Allentown _____

Date Business Incorporated _____ State of Incorporation _____ Do you, or will you, have amusement devices?
 NO YES, # of Devices _____

Number of Employees (if Sole Proprietor do not count yourself in this number) _____

LIST ALL OTHER CITY OF ALLENTOWN BUSINESS NAMES AND ACCOUNT NUMBERS

Business Name	Account No (QW, MW, EW, SP, RE)

Section B: This section **MUST BE** completed for **ALL** businesses operating in the City of Allentown

Tax Preparer Information	Name:	Telephone No.
	Address:	
	City	State Zip+4
Principal Bank Information	Name:	Telephone No.
	Address:	
	City	State Zip+4

Section C: I hereby certify that the above information and statements are true and correct. I understand that Approval for the above business is contingent upon my compliance with the following departments: Revenue & Audit Bureau, Zoning, Recycling, Fire and Health (where necessary).

Signature	Title:	Date
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*Non-Profit Organizations: The City requires a copy of your 501C (IRS non-profit letter)

EDEN Customer #

Business Account #

**CITY OF ALLENTOWN
OUT-OF-CITY BUSINESS APPLICATION**

GENERAL INSTRUCTIONS: Complete all sections of the Business License application, answering all questions in full. *All applicants must complete Signature Section C.* Mail the completed form to: City of Allentown, Bureau of Revenue & Audit, 435 Hamilton St, Room 215, Allentown, PA 18101. A \$35.00 non-refundable application fee must accompany the application. Applications submitted after 3:30pm will not be processed until the next business day. If you have any questions, please call 610-437-7507.

Section A: This section must be completed for an Incorporated business or by persons who are Self-Employed and by **each Partner** of an unincorporated business. Additional copies of this form are available upon request and on-line at:
www.allentownpa.gov

Business Name		Federal EIN Number	
Legal Name (if different than Business Name)		Business Web Address	
Sole Proprietor or Partner Name		Social Security Number	
Physical Business Address (Do not use PO Box)		Zip	Business Phone
Mailing Address for ALL Business related forms	Contact Person	E-Mail Address	
	Street or PO Box	City	State Zip
Indicate Type of Entity: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Other*:	Business Classification: <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Manufacturing <input type="checkbox"/> Rental Nature of Business: (detailed description)		

LIST PRINCIPAL OWNERS, PARTNERS OR OFFICERS

Name & Title	Home Address (No PO Box)	Social Security No.	Home Phone
City or Township/School District where you reside?		Date Business Started in City of Allentown	
Date Business Incorporated	State of Incorporation	Do you, or will you, have amusement devices? <input type="checkbox"/> NO <input type="checkbox"/> YES, # of Devices _____	
Number of Employees (if Sole Proprietor do not count yourself in this number)			

LIST ALL OTHER CITY OF ALLENTOWN BUSINESS NAMES AND ACCOUNT NUMBERS

Business Name	Account No (QW, MW, EW, SP, RE)

Section B: This section **MUST BE** completed for **ALL** businesses operating in the City of Allentown

Tax Preparer Information	Name:	Telephone No.
	Address:	
	City State Zip+4	
Principal Bank Information	Name:	Telephone No.
	Address:	
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Signature	Title:	Date
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