

MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF PUBLIC HEALTH

PO Box 311
Norristown, PA 19404-0311
610-278-5117
Fax: 610-278-5167

364 King Street
Pottstown, PA 19464
610-970-5040
Fax: 610-970-5048

102 York Road, Suite 401
Willow Grove, PA 19090
215-784-5415
Fax: 215-784-5524

LICENSE APPLICATION
TO OPERATE A FOOD SERVICE ESTABLISHMENT

Please **PRINT** in all fields. Incomplete applications will be returned and will delay processing time/issuance of license.

Check (✓) type of application: Initial Application Change of Ownership

Establishment Name and Address

Establishment Name:			
Street Address:			
City:	State: PA	Zip:	Municipality:
Contact Name for Establishment:			Phone:
Fax:	Mobile:	Email:	

Permits and Invoices will be mailed to the Establishment Mailing Address

Establishment Mailing Address Check (✓) if same as Establishment Address

Street Address:		
City:	State:	Zip:

Owner Information (individual, association, corporation, partnership, or other legal entity)

Owner Name:			
Street Address:			
City:	State:	Zip:	Phone:
Fax:	Mobile:	Email:	

Owner Mailing Address: Check (✓) if same as Owner Address

If Change of Ownership, former name of establishment: _____

Former Trade/Corporation Name: _____



License Type – Check (✓) appropriate license type and complete additional items if applicable.

A - Sit down dining

of seats: _____

AA - Sit down dining with retail sales (e.g. hotels)

of seats: _____ Square footage: _____

B - Take out facilities (no seating)

C - Retail food facilities (e.g. convenience stores, mini marts)

Square footage: _____

CC - Retail food facility having take-out or sit down
(e.g. major grocery stores)

Take-out zero seats OR # of seats: _____ Square footage: _____

D - Commissaries (including caterers)

E - Mobile food vendors (per vehicle)

F - Non-profit charitable operation

Establishment Information

Water Supply: Community On-Site Well

Sewage: Public On-lot Sewage

Application fee \$ _____ See fee schedule (www.montcopa.org/healthfeeschedule). Fee **MUST** be filed with application. All checks and money orders are made payable to the **TREASURER OF MONTGOMERY COUNTY.**

Application is hereby made for license to operate a food service establishment in Montgomery County. By signing this application, you certify that the facts set forth on this application are true and correct, understanding that the submission of false or misleading information is grounds for suspension or revocation of license. Also, you agree that the establishment will comply with the Montgomery County Public Health Code. You indicate that you have complied with applicable provisions of Act 62 of 1992, which requires any person applying for a food establishment license in the Commonwealth to apply for a sales and use tax license or exemption certificate from the Pennsylvania Department of Revenue.

Print name of owner/authorized agent

Signature of owner/authorized agent

Title

FOR OFFICE USE ONLY		
Reviewed By:	Date:	
Check Received By:	Date:	
Method of Payment: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cashier's Check	Fee Paid:	Check #:
Assigned To Inspector:	Date:	
Supervisor Approval:	License Expiration Date:	License #:

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**DIVISION OF ENVIRONMENTAL FIELD SERVICES
Application for Food Establishment Plan Review**

The Montgomery County Public Health Code (MCPHC) requires that all food establishments have a valid permit issued by the Montgomery County, Office of Public Health (OPH) in order to operate. No food may be prepared or served before OPH conducts a pre-opening inspection and grants approval to operate. Application for licensure and plan review must be made at least 30 days prior to the date planned for opening. Properly prepared plans and specifications are to be submitted to OPH for review and approval before construction, remodeling, or conversion of an existing structure for use as a food establishment.

Establishment Construction Information:

(Check one)

- New
- Remodel
- Conversion of an existing structure for use as a food establishment

Name of Establishment:	
Address of Establishment:	
Municipality (Twp. /Boro.):	
Owner's Name:	
Owner's Mailing Address:	
Owner's Phone Number:	Owner's E-mail:
Name of Responsible Agent (if other than owner):	Title:
Phone Number:	

***Please note that failure to provide all required information may delay plan approval and/or license approval for the establishment.**



Plan Review Application Fees:

1. Plan review fee for a food establishment is \$245.00.
2. Plan review fee for a *retail* food establishment (**AA, C, and CC licenses only**) is based upon the square footage of the establishment, according to the following schedule:

<u>Retail food establishment size</u>	<u>Fee</u>
• 2000 sq. ft. or less	\$245.00
• Each additional 200 sq. ft. or less	\$45.00

Example: A retail food establishment of 3250 sq. ft. would be required to submit \$440.00 for plan review.

$$\begin{array}{r} 3250 \text{ sq. ft.} \\ -2000 \text{ sq. ft. } (\$245.00) \\ \hline 1250 \end{array} \qquad \begin{array}{l} 1250 \div 200 = 6.25 \\ \text{Round } 6.25 \text{ up} = 7 \\ 7 \times \$45.00 = \$315.00 \end{array}$$

$$\$245.00 + \$315.00 = \$560.00$$

3. If the establishment is found not to be 100% complete at the scheduled final opening inspection, a fee of **\$265.00** shall be charged for each follow up opening inspection thereafter. Payment must be received prior to re-scheduling any additional opening inspection.

Renovations:

Is the establishment being renovated? *(Check one)* Yes No

If yes, what dates are you closing the establishment to perform the renovations?

_____ to _____
mm / dd / yyyy mm / dd / yyyy

If the establishment plans to remain open during renovations you must request to do so in writing. OPH requires you to submit areas and methods of containment, proposed work schedule, areas of egress, and Heating, Ventilation and Air Conditioning (HVAC) containment. OPH *retains the right to approve or deny all submitted requests.*

***Please note that failure to provide all required information may delay plan approval and/or license approval for the establishment.**

Business Description:

Days/Hours of Operation: _____

Total Establishment Square Feet: _____

Sit-down Dining Projected Service Capacity (if applicable):

Number of Seats: _____

Total Occupancy: _____

(Check one)

Does the facility have a basement? Yes No

If yes, will it be used for (check all that apply):

- Food preparation
- Food Storage
- Food-contact item storage (e.g. cups, take-out containers, plastic ware, etc.)

If the establishment basement is used for any of the above, all MCPHC requirements must be met for equipment and structures (floors, walls, ceilings, etc.)

Type of Water Supply: *(Check one)*

- Community**

Name of Water Company: _____

- On-site well

Please provide OPH with written documentation from a Pennsylvania state certified laboratory confirming that the on-site well water system initially meets the parameters outlined in the Montgomery County Public Health Code Chapter 17 - Individual Water Supply System Regulations. These parameters include **coliform bacteria, pH, nitrates, arsenic, volatile organic compounds (VOCs)**, and others as required. Please contact the Division of Water Quality Management in Norristown to determine the need for any additional required analyses.

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Also, please contact the PA Department of Environmental Protection Bureau of Water Supply Management to determine requirements for continued well water monitoring established by the PA Safe Drinking Water Act.

Type of Sewage Disposal: *(Check one)*

Public

Name of municipal authority: _____

Private on-site

If private, Sewage Enforcement Officer (SEO) approval/Sewage Disposal Permit must be obtained and submitted to OPH with this packet.

Garbage and Refuse Disposal:

Describe method of waste storage (i.e. garbage cans, dumpster, etc.): _____

Will facility require indoor waste storage? (Check one) Yes No

(Note: MCPHC Sec. 5-501.11 requires that a storage surface shall be constructed of nonabsorbent material such as concrete or machine-laid asphalt, be smooth and be sloped to drain.)

Name of Solid Waste Collector (if known): _____

Refuse Disposal Site: _____

Dumpster location: _____

Dumpster ground surface material: _____

Frequency of Collection (if known): (Check one)

Daily

Other (Explain): _____

Construction:

Anticipated Start Date: _____
mm / dd / yyyy

Anticipated Completion Date: _____
mm / dd / yyyy

Signature of Owner, Operator, or Representative:

Signature: _____

Title: _____

Date: _____

***Please note that failure to provide all required information may delay plan approval and/or license approval for the establishment.**

No food shall be prepared on site until OPH conducts a final opening inspection.

Plans will be approved for a period not to exceed two years. Resubmission may be required two years after the date of approval.

GUIDELINES FOR FOOD ESTABLISHMENT PLAN REVIEW PREPARATION

Preplanning

- Review thoroughly the chapters of the Montgomery County Public Health Code (MCPHC) applicable to the specific type of food establishment planned prior to and during preparation of plans and specifications.
- Discuss any unanswered questions regarding licensing and requirements for licensing and plan review with your regional OPH Plan Review Coordinator.
- Complete an “Application for Food Establishment Plan Review” which is to be submitted with the plans and specifications. (The completed food establishment license application, license fee and plan review fee are required with this submission.)
- Submit plans and specifications for the proposed food establishment project and obtain approval from OPH **PRIOR** to beginning work.
- The proposed food establishment work must also conform to all applicable local planning, zoning, building, and fire codes, etc., as well as requirements of the Pennsylvania Department of Labor and Industry, Department of Environmental Protection, the Liquor Control Board, and any other applicable local, state, or federal agency requirements. (Receiving approval from OPH does not preclude the requirement to obtain approval from such agencies.)

Preparation of Plans

Plans and specifications for food establishments must include:

- General Floor Plan: Submit an accurately scaled floor plan of the facility showing all areas including kitchens, bars, restrooms, basements, garbage/refuse/recycling storage areas, all food establishment equipment including equipment for food and utensils, storage equipment, etc.
- Menu or description of the foods to be handled.
- Special operational procedures, cleaning schedules and/or food transportation procedures pertinent to the operation of the establishment.

The plans must be clear, concise, legible, to scale, and be of such size as to enable all information to be clearly shown. All information must be submitted to the local representative of the OPH for review.

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The following information must be included in plans and specifications for food service facilities:

A. Structural Facilities

Indicate the surface finishes, including coating materials, used on all surfaces (floors, walls, ceilings, cove moldings, and custom-built food service counters). Complete the enclosed Establishment Surfaces Finish Schedule.

Additional information required to be shown in plans when applicable:

1. Locations and type of slip resistant textured flooring.
2. Floors that are sloped or pitched to floor drains. Floor drains required in areas subject to wet conditions or cleaning methods using water spraying.
3. Indicate materials or method for sealing utility lines that run through walls, floors, and ceilings.
4. Suspended ceiling tiles must be approved. Submit a sample of tile **AND** provide manufacturers information for material and surface finish.
5. Indicate materials and methods for installation of beverage systems. Concealed lines and penetrations through void spaces require approved sleeves and/or conduit.
6. All floors, walls, and ceilings in kitchens, prep areas, dry storage areas, ware washing areas, bars (if food preparation or food service takes place), and janitor closets must be smooth, easily cleanable, and non-porous and must be noted on the supplied finish schedule located in the packet.

Examples:

Floors - vinyl tile, quarry tile

Cove Base - ceramic tile, vinyl strip

Walls - FRP (Fiberglass Reinforced Panel), high gloss/semi-gloss paint, stainless steel

Ceiling - vinyl-faced sheetrock tile, vinyl-laminated gypsum tile - non-porous/smooth

7. Vermin Control - Doors and Windows
 - a. Indicate self-closing devices on doors where required (including but not limited to restrooms)
 - b. Indicate screening or other insect-control devices (include mesh size of screening, minimum 16 mesh to the inch)

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8. Water Supply

- a. Must meet with state and local requirements.
- b. Potable water must be supplied under pressure to all fixtures and equipment, except that nonpotable water may be used for air conditioning, equipment cooling, irrigation, and fire protection.
- c. Sufficient hot water to meet the peak demands of the establishment operation must be provided. A guide to determining peak demand may include totaling the following typical usages:
 - Warewash sink capacity of three compartments
231 cubic inches = one gallon
 - Hand wash sinks = 6 gallons
 - Mop sink = 10 gallons/hour
 - Dish machine = Rated use per hour

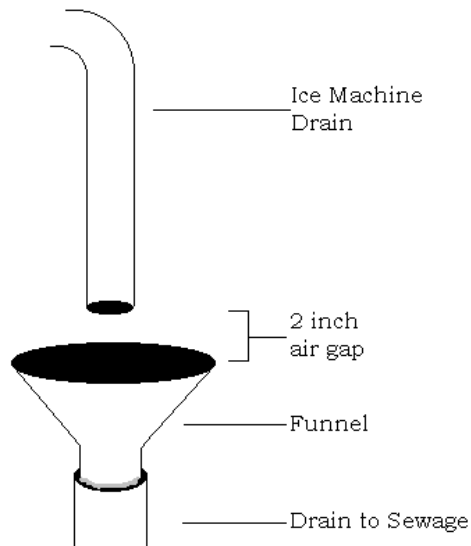
Hot water demand is normally calculated for a 2-hour time period, which would be compared to the hot water heater storage capacity and recovery rate over a two-hour period of time.

9. Liquid Waste

- a. Sewage shall be disposed through an approved community sewage treatment plant or an individual sewage disposal system which is sized, constructed, maintained, and operated according to law.
- b. Non-sewage liquid waste shall be disposed in a manner that will not create a public health nuisance.
- c. Indirect liquid waste receptacles including hub drains, funnel drains, floor sinks, and etc. must provide effective capture of the discharge.
- d. The local sewer authority may have requirements for the use and installation of a grease trap and garbage grinders. Grease traps, if required, must be located and installed to facilitate cleaning and maintenance.
- e. All potable water supplies must not connect directly to liquid waste disposal systems. All sink faucets must be properly air-gapped from the rim level of the sink. A direct connection may not exist between the SEWAGE system and a drain originating from EQUIPMENT in which FOOD, portable EQUIPMENT, or UTENSILS are placed, these include all ice machine and ice bin drains, food prep sinks, three basin sinks, or any other drain location unless approved by law.
- f. All ice machine and ice bin drains must be properly air-gapped. A proper air gap is one that is two times the diameter of the drain line and not less than 1 inch.

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Sample ice machine drain air-gap:



10. Restroom/Locker Facilities

Show the location of restrooms(s) and indicate water closets, hand wash sinks, ventilation to the outside (windows) and/or exhaust fans, soap and towel dispensers, waste receptacles, and that doors are self-closing doors. Indicate an area for the storage of employee personal items.

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SAMPLE MATERIALS/FINISH SCHEDULE

Room/Area	Floors	Cove Base	Walls	Ceiling
Kitchen: Cooking	Quarry Tile	Quarry Tile	-Stainless Steel Panels -Semi-Gloss Painted Drywall -Fiberglass Reinforced Panels	Non-perforated Vinyl coated Suspended tile
Kitchen Food Prep.	Vinyl Industrial Tile	Vinyl/Rubber Coving	Fiberglass Reinforced Panels	Same as above
Dry Storage	Vinyl Asbestos tile	Vinyl	Semi-Gloss Painted Drywall	High gloss painted Sheetrock
Ware washing	Quarry tile Epoxy grout	Quarry tile	Ceramic tile	Vinyl coated Sheetrock Suspended tile
Serving	Porcelain Tile	Vinyl	Semi-Gloss Painted Drywall	Vinyl coated sheetrock
Restroom(s)	Ceramic tile Mastic grout	Ceramic	Ceramic tile High gloss painted Gypsum Wall Board	High gloss painted Sheetrock
Janitor Closet	Vinyl Industrial Tile	Vinyl/Rubber Coving	Semi-Gloss Painted Drywall	Semi-Gloss Painted Sheetrock
Dining Area	Porcelain Tile	Vinyl	Flat-painted Drywall	Acoustical Ceiling Tiles
Bar	Quarry Tile	Quarry Tile	Polyurethane-sealed wood	Vinyl-coated suspended tile
Basement (if used for food or food contact items)	Concrete sealed with waterproof epoxy sealant	Vinyl/Rubber Coving	Semi-Gloss Painted Drywall	Vinyl-coated suspended tile
Other (Explain) <i>Bakery Area</i>	Same as cooking area	Same as cooking area	Same as cooking area	Same as cooking area

Floors, walls, and ceilings must be smooth, easily cleanable and non-porous.

Examples: Floors – quarry tile

Walls – FRP (fiberglass reinforced panel), semi-gloss painted drywall

Ceiling Tiles – non-perforated vinyl-faced suspended tile

(IMPORTANT: A ceiling tile sample must be submitted for all cooking, food prep., food storage, mop closets and warewashing areas.)

Hot water tank size: 100 Gallons

***Please note that failure to provide all required information may delay plan approval and/or license approval for the establishment.**

MATERIALS/FINISH SCHEDULE
COMPLETE AND SUBMIT WITH YOUR PLANS

Room/Area	Floors	Cove Base	Walls	Ceiling
Kitchen: Cooking				
Food Prep.				
Dry Storage				
Ware washing				
Serving				
Restroom(s)				
Janitor Closet				
Dining Area				
Bar				
Basement (if used for food or food contact items)				
Other (Explain)				

Floors, walls, and ceilings must be smooth, easily cleanable and non-porous.

Examples: Floors – quarry tile

Walls – FRP (fiberglass reinforced panel), semi-gloss painted drywall

Ceiling Tiles – non-perforated vinyl-faced suspended tile

(IMPORTANT: A ceiling tile sample must be submitted for all cooking, food prep., food storage, mop closets and warewashing areas.)

Hot water tank size: _____

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B. Equipment

1. Design and Construction

- a. A list of all equipment must be prepared as an addendum to the plans showing the manufacturer and the model for all equipment. This information may be presented on the attached "Equipment Schedule." (**Note:** all equipment must be designed and constructed in accordance with the criteria set forth by the National Sanitation Foundation (NSF), Baking Industry Sanitation Committee, Commercial Refrigeration Manufacturers Association (CRMA), Edison Test Laboratories (ETL), or Underwriter Laboratories Food Division (UL), or other appropriate testing agency.) If the equipment does not bear the mark of approval of any of these agencies, a set of detailed shop drawings may be evaluated to determine compliance with these standards. (See Sample Equipment Schedule).
- b. Adequate storage facilities for all equipment and food must be clearly shown (e.g., basement). Indicate the type and placement of shelves. Chemicals (pesticide, cleaning agents, medications, first-aid supplies, etc.) are required to be stored separately.
- c. Indicate the location and type of all sinks. Separate sinks are required for handwashing (more than one may be required, depending on the facility), cleaning and sanitizing of multi-use utensils (3-compartment sink), food preparation, and general cleaning (mop sink). Clearly label all sinks. An approved splash-guard may be required on sinks located six or less inches from other sinks and/or equipment.
- d. Indicate the location of all hand wash sinks. Handwashing facilities must be conveniently located to all food service, warewashing and food preparation areas (Separate hand washing sinks may be required for each area).
- e. Provide details on sneeze guards or other protective devices in food display areas where foods are subject to possible customer contamination.
- f. Automatic ice dispensers are required for customer self-service.

2. Equipment Installation – Installation of all equipment must be shown to conform to at least one of the following methods:

- a. Moveable – proper casters are provided, or the item is small and light enough to be easily moved or carried by one person for normal daily cleaning.
- b. Sealed – properly sealed to walls, floors, or adjacent equipment. Indicate the materials used to seal (type of approved sealant, welding, trim strips, etc.)
- c. Spaced – adequately spaced from adjacent walls, floors, or equipment. Adequate clearance must be provided beneath all equipment. Spacing of an equipment item, or group of items from a wall requires free access to the side of the equipment item(s) and space from the wall of 6 inches for total equipment length of less than 4 feet; 8 inches for total equipment length between 4 and 8 feet; 12 inches for total length between 8 and 12 feet; and 18 inches for lengths greater than 12 feet. Indicate spacing distances. **Note:** Utility lines installed behind equipment may require additional spacing.

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SAMPLE EQUIPMENT SCHEDULE

Item No.	Equipment Description	Name of Manufacturer	Equipment NSF approved? Yes/No	Model No.	Method of Installation
1	3-compartment sink	H&M Manufacturing	Yes	A36-3	Sealed to wall GE-1201 sealant
2	Meat Slicer	A&E Equipment Co.	Yes	910	Moveable
3	6-Burner Stove	Atlas Range Co.	Yes	CB-45	Spaced – 8” from wall, 12” on side, 6” off floor
4	Grill	Atlas Range Co.	Yes	30	Moveable-Gas, on casters with special cut-off and quick disconnect coupling
5	Exhaust Hood	Bill’s Stainless Steel Metal Fabricator	Yes	Custom Fabric.	Sealed Dow Corning Silastic ® 734 RTV
6	Walk-in Box	Cold King	Yes	30-5x6	Cowled to walls-metal trim stripping

C. Ventilation

1. The location of establishment ventilation systems for all areas including toilet rooms, store rooms, kitchen, and utensil washing areas must meet with local township/borough regulations. All kitchen ventilation equipment must be designed in accordance with the National Fire Protection Show Association (NFPA Code No. 96-1991), and must be installed according to the Nutritional Sanitation Foundation “Manual on Sanitation Aspects of Installation of Food Service Equipment.

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EQUIPMENT SCHEDULE

COMPLETE AND SUBMIT WITH YOUR PLANS

Item No.	Equipment Description	Name of Manufacturer	Equipment NSF approved? Yes/No	Model No.	Method of Installation

Equipment item number must correspond with the equipment listed on the floor plan (example: Item No. 1 should be on the plan as #1).

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PLAN REVIEW REQUIREMENTS

By checking the “**Yes**” box and initialing the following statements certifies that you are responsible for the requirements. All the following items are required unless marked “if applicable”. If the following items are not included in the Plan Review Packet, the plans will not be approved or opened by OPH.

- | | <i>Initials</i> |
|---|------------------------------------|
| 1. Completed surface finish schedule included? | Yes <input type="checkbox"/> _____ |
| a. Samples of all materials, floor, wall & ceiling or cut sheets of the material are to be supplied. | |
| 2. Equipment schedule included? | Yes <input type="checkbox"/> _____ |
| a. Equipment Cut Sheets? | |
| b. Equipment Specifications? | |
| Special Considerations: | |
| 1. Laundry facilities (if applicable) shown in plans? | Yes <input type="checkbox"/> _____ |
| 2. Chemical sanitizer provided on site?
(approved sanitizers: chlorine, quaternary ammonia and iodine)? | Yes <input type="checkbox"/> _____ |
| 3. Appropriate chemical test kits provided (test kit must correspond with sanitizer)? | Yes <input type="checkbox"/> _____ |
| 4. Are hand wash sink faucets self-closing or metered (if applicable)?
Note: Length of water flow time to exceed 15 seconds. | Yes <input type="checkbox"/> _____ |
| 5. Hot water temperature at taps at least 110°F? | Yes <input type="checkbox"/> _____ |
| 6. Probing thermometers provided for determining food product temperature as required? | Yes <input type="checkbox"/> _____ |
| 7. Light shielding provided at all required areas? | Yes <input type="checkbox"/> _____ |
| 8. Basement storage area meets with MCPHC requirements for floors, walls, and ceilings (if applicable)? | Yes <input type="checkbox"/> _____ |
| 9. Non-porous dumpster ground surface provided? | Yes <input type="checkbox"/> _____ |
| 10. Self-closing restroom doors? | Yes <input type="checkbox"/> _____ |
| 11. Does restroom have a mechanical or physical means to ventilate (i.e. window, vent)? | Yes <input type="checkbox"/> _____ |
| 12. All women’s restrooms or unisex restrooms must be provided with a trash receptacle and a lid. | Yes <input type="checkbox"/> _____ |
| 13. All sewage or gray water lines have a protective barrier when over food/food contact items. | Yes <input type="checkbox"/> _____ |
| 14. Copy of menu or description of food to be handled included? | Yes <input type="checkbox"/> _____ |

Attach to Plans and Specifications and submit to the appropriate regional Office.

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More detailed information can be found in the reference publications listed below:

1. Montgomery County Public Health Code
2. National Sanitation Foundation Int'l (NSF)
PO Box 1468
Ann Arbor, Michigan 48105
 - a. "Sanitation Aspects of Food Service Facility Plan Preparation and Review"
 - b. "Manual on Sanitation Aspects of Installation of Food Service Equipment"
 - c. Food Service Equipment Standards
 - d. Listing of Food Service Equipment
3. The 3A Sanitary Standards. International Association of Milk, Food and Environmental Sanitarians, United States Public Health Service, the Dairy Industry Committee
Shelbyville, Indiana
4. Baking Industry Sanitation Standards Committee
521 Fifth Avenue
New York, NY 10017
5. US Department of Health, Education and Welfare
US PHS, FDA, US
Government Printing Office
Washington, DC 20402
6. Industrial Ventilation - A Manual of Recommended Practices. American Conference of Governmental Industrial Hygienists
Committee on Industrial Ventilation
PO Box 453
Lansing, MI 48902
7. "Design of Grease Filter Equipped Kitchen Exhaust System"
Research Products Corporation
Madison, WI 53701
8. Vapor Removal from Cooking Equipment, Standard No. 96 for Sale by the National Fire Protection Association (NFPA) International
470 Atlantic Avenue
Boston, MA 02210
9. "Handbook for Ceramic Tile Installation"
Tile Council of America, Inc.
PO Box 326
Princeton, NJ 08540
10. Pennsylvania Department of Environmental Resources
Division of Community Health
(Appropriate Regional Office)

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- a. Chapter 73 - Standards for Sewage Disposal Facilities
- b. "Design of Kitchen Ventilation Systems"
- c. "Architects and Engineers Guide - Preparation of Environmental Sanitation Plans and Specifications"
- d. Chapter 109, Safe Drinking Water Provisions

11. Building Officials and Code Administrators Int'l Inc.
4051 W. Flossmoor Rd.
Country Club Hills, IL 60477-5795
(312) 799-2300

- a. The BOCA National Building Code
- b. The BOCA National Mechanical Code
- c. The BOCA National Plumbing Code

12. National Fire Protection Association
1 Batterymarch Park
PO Box 9101
Quincy, MA 02269-9101
1-800-344-3555

- a. Standard No. 96, for the Installation of Equipment for the Removal of Smoke and Grease-Laden Vapors from Commercial Cooking Equipment
- b. The National Electrical Code

13. Pennsylvania Department of Agriculture (Appropriate Regional Office)

- a. PA Bakeries & Bakery Products Standards
- b. PA Frozen Desert Standards
- c. PA General Food Law (Revised)
- d. Food Manager Certification Law

14. Commercial Refrigerator Manufacturers Association (CRMA)
1200 19th St NW, Suite 300
Washington, DC 20036-2401

15. Underwriters Laboratories, Inc.
1285 Walt Whitman Rd.
Melville, NY 11747

- a. Food Service Equipment Manufacturers List

16. Edison Testing Laboratories, Inc. (ETL)
PO Box 2040
Cortland, NY 13045-7911

17. National Restaurant Association
250 S. Wacker Dr.
Suite 1400
Chicago, IL 60606

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