Department of Public Health
Upper Darby Township

Application for License and Inspection

___ Eating and Drinking Establishment
___ Food Establishment
___ Food Vendor

Business Name_________________________ Phone #_______________________

Business Address_____________________________________________________

City_________________________ State________________ Zip_______________

Owners Name_________________________ Phone #_______________________

Owner's Address_____________________________________________________

City_________________________ State________________ Zip_______________

What is the square footage of this establishment? ______________________

If this place of business is licensed by the Liquor Control Board give type of license, license number and date on which license expires.

Type of License_________________________ License Number_________________________ Expiration date_________________________

Applicant's signature_________________________ Date_________________________

A HOME RULE COMMUNITY
www.upperdarby.org