Establishment Trade Name: _____

Establishment Address: _____

Telephone # _____ Fax# _____

E-Mail:_____

Owner/Operator: _____

Address: _____Telephone# _____

Please circle the appropriate license class which applies and submit fee.

Checks may be made payable to: The Borough of Butler. Payment must be in the form of cash or check.

- I-A: Non-Seating $100.00
- I-B: Prepackaged $ 50.00
- I-C: 1 - 50 Seats $100.00
- I-D: 51-100 Seats $125.00
- I-E: 101+ Seats $150.00
- II: Supermarket $200.00
- III: School $100.00
- IV: Mobile Food $ 50.00
- V: Temporary (7 day) $ 50.00

VI: Vending
Prepackaged $20.00
Gum Ball $5.00
All Others $40.00
Farmers Market $10.00
VII: Non Profit $ No Fee

Name of Certified Food Handler _____

Name of Certified Food Manager (if applicable)_____

Name and phone # of exterminator _____

This License expires on December 31st of the year in which it is issued and is not transferable. This license may be revoked by action of the Butler Borough Board of Health for failure to comply with applicable State and Local standards.

_____

Signature Owner/Agent Date

_____ _____