



BOROUGH of YEADON

Church Lane and Baily Road

P.O. Box 5187

Yeadon, PA 19050

Offices: 610-284-1606 • Fax: 610-284-2138

APPLICATION FOR INSPECTION FOR HEALTH LICENSE

IN ACCORDANCE WITH THE BOROUGH OF YEADON HEALTH CODE

Date: _____

Name of Business _____

Address of Business _____

Type of Business _____ No. of Seats _____

Phone Number _____

Name of Proprietor _____

Address of Proprietor _____

Phone Number _____

Number of Employees: Male _____ Female _____

Square Footage of Property _____

Signature of Proprietor _____

FOR MOBILE UNITS ONLY

Make of Vehicle _____

Serial No. of Vehicle _____

Tag No. _____

Truck No. _____

Insured by _____

Signature of Proprietor _____