

POLK TOWNSHIP SUPERVISORS
165 Polk Township Rd., PO Box 137, Kresgeville, PA 18333
Phone: 610-681-5376 Fax: 610-681-3063 E-mail: info@polktwp.org

EVENT PERMIT APPLICATION

Applicant Name	Phone
Applicant Address	
Email	
Tax Identification Number:	
Date of Event:	
Location where the event will be held:	
permits or approvals. (Attach Additional	ecial event, including Times, Participants, Supportive Data, and other related Sheets if needed):
Please include your plan to eliminate th recycling, disposal of waste and other I	ne waste collected as part of the Food Truck operations (plan for trash disposal, liquids)
Will there be food trucks at the event	? If so, how many? Phone
Please list the name of the food truck	
Location where the trucks will be:	way? Yes No
	c park?
 REQUIRED ATTACHMENTS Valid certificate of insurance Written consent of property ow An Application Fee of \$35.00 	ner where mobile food truck will be parked. Rental agreements are acceptable
ACKNOWLEDGEMENTS	
By signing this permit application, I cer	rtify that the above information is true and correct to the best of my knowledge.
Signature:	Date: