



POLK TOWNSHIP SUPERVISORS

165 Polk Township Rd., PO Box 137, Kresgeville, PA 18333

Phone: 610-681-5376 Fax: 610-681-3063 E-mail: info@polktpw.org

MOBILE FOOD VENDOR PERMIT APPLICATION

BUSINESS INFORMATION

Food Truck (Business) Name _____

Business Address/Business Location _____

City _____ State _____ Zip _____

Mailing Address _____

APPLICANT PRIMARY CONTACT INFORMATION

Applicant Name _____ Phone _____

Applicant Address _____

Email _____

Tax Identification Number _____

SANITATION AND SAFETY

Food License Number and Copy of License _____

Proof of Approved PA Department of Agriculture
Bureau of Food and Laboratory Services Retail Food
Facility Permanent License

OR

Division of Health and
Neighborhood Services Permit
with Facilities Plan Review

Please include your plan to eliminate the waste collected as part of the Food Truck operations (plan for trash disposal, recycling, disposal of waste and other liquids)

LOCATION

Location where the truck will be: _____

Are you operating in a public right-of-way? ____ Yes ____ No

If yes, which public right-of-way or public park? Date of Event? _____

VEHICLE INFORMATION

Vehicle Make _____ Vehicle Model _____ Vehicle Year _____
Name of Person or Entity Listed on Registration _____
Registration Number _____ Expiration Date _____
VIN _____ Vehicle Insurance Carrier _____
Policy Number _____ Expiration Date _____
Trailer Length _____ Width _____

REQUIRED ATTACHMENTS

- All approvals, inspections, and certificates required by the PA Department of Agriculture Bureau of Food and Laboratory Services Retail Food Facility Permanent License or Division of Health and Neighborhood Services Permit with Facilities Plan Review.
- A copy of the food truck's valid vehicle registration.
- A copy of automobile insurance for the mobile food truck.
- A photo of the food truck indicating dimensions.
- A copy of your valid Driver's License and each approved driver.
- Written consent of property owner where mobile food truck will be parked
- An Application Fee of \$50.00

ACKNOWLEDGEMENTS

I certify that the above information is true and correct to the best of my knowledge. By signing this permit application, I am acknowledging the Polk Township Food Truck Ordinance and will abide by its requirements.

Signature: _____ Date: _____