



PENN TOWNSHIP

York County, Pennsylvania

Municipal Office: 20 Wayne Avenue, Hanover, PA 17331

Phone: (717-632-7366) | www.penntwp.com

Mobile Food Vending Application

1. APPLICANT INFORMATION

| | |
|--------------------------------|--|
| Business / Owner Name | |
| Applicant / Operator Name | |
| Business Address | |
| City / State / ZIP | |
| Phone Number | |
| Email Address | |
| Emergency Contact Name & Phone | |

2. VEHICLE INFORMATION

| | |
|------------------------------------|--|
| Food Truck / Trailer Name | |
| Make / Model / Year | |
| License Plate # / State | |
| PA Vehicle Registration Expiration | |
| PA Inspection Expiration | |
| Color / Distinguishing Features | |

3. LICENSING & CERTIFICATION

| | |
|--|--|
| PA Dept. of Agriculture Mobile Food Facility License # / Expiration | |
| Food Safety Certification # / Expiration | |
| Certificate of Insurance (Liability + Auto, \$1M minimum) / Expiration | |
| Fire Extinguishers (ABC & Class K if applicable) – Tag Date | |

4. OPERATING DETAILS

| | |
|-----------------------|--|
| Requested Start Date | |
| Requested End Date | |
| Hours of Operation | |
| Operating Location(s) | |

| | |
|--|--|
| Private Property Consent Attached (Yes/No) | |
| Temporary Event Name (if applicable) | |
| Event Duration (days) | |
| Event Coordinator Name / Phone / Email | |

5. COMMISSARY / SERVICE AREA

| | |
|--|--|
| Facility Name | |
| Address | |
| Contact Name / Phone | |
| Daily Return for Cleaning & Waste Disposal (Initial) | |

6. APPLICANT ACKNOWLEDGMENT

By signing below, I certify that:

1. All statements and attached materials are true and complete.
2. I have read and understand Penn Township Ordinance No. 879 (Mobile Food Vending).
3. I understand permits are valid for one (1) year and non-transferable for value.
4. I agree to permit inspection by the Township Fire Inspector.
5. I acknowledge noncompliance may result in suspension or revocation of my permit.

Applicant Signature: _____ Date: _____

7. TOWNSHIP USE ONLY

| | |
|--|--|
| Application Received Date | |
| Fee Paid (\$) | |
| Receipt # | |
| Initial Inspection Date | |
| Fire Inspector Approval <input type="checkbox"/> / <input type="checkbox"/> Denied | |
| Zoning Officer Approval <input type="checkbox"/> / <input type="checkbox"/> Denied | |
| Permit # | |
| Issue Date | |
| Expiration Date | |
| Renewal Due | |
| Notes / Conditions of Approval | |

INSTRUCTIONS FOR APPLICANTS

1. Complete all sections and attach required documentation.
2. Submit application + fee to the Zoning Officer.
3. Schedule Fire Inspection prior to permit issuance.
4. Permit valid for one year. Renew annually.
5. Display approved permit and licenses on vehicle.

Applicant Submission Checklist

- **Completed Mobile Food Vending Application Form**
- **Copy of valid Pennsylvania Department of Agriculture Mobile Food Facility License**
- **Copy of valid PA Vehicle Registration and Inspection**
- **Proof of \$1,000,000 minimum Liability and Auto Insurance**
- **Fire Extinguisher Certifications (ABC and Class K, if applicable)**
- **Property Owner Consent Letter (for private property operation)**
- **Commissary / Service Area Verification**
- **Fire Inspection Appointment Scheduled with Township Fire Inspector**
- **Application Fee Paid (per current Township Fee Schedule)**

Applicant Initials: _____ **Date:** _____