



HOMESTEAD BOROUGH
221 East Seventh Avenue
Homestead, PA 15120
Phone: (412) 461-1340 Fax: (412) 461-4057

APPLICATION FOR MOBILE FOOD VENDOR

BUSINESS AND/OR ENTITY NAME

Name: _____
 Business Address: _____ Phone: () _____
 City: _____ State: _____ Zip Code: _____ Fax: () _____
 Email: _____ Website: _____

INDIVIDUAL RESPONSIBLE FOR DAY TO DAY OPERATIONS

Name: _____
 Home Address: _____ Phone: () _____
 City: _____ State: _____ Zip Code: _____ Fax: () _____
 Email: _____

I hereby certify that all statements and data furnished with this application are true and correct. I also acknowledge that I have read all regulations pertaining to Mobile Food Vendors in Homestead Borough.

_____ Date of Application _____ Signature

VEHICLE AND/OR TRAILER INFORMATION

Vehicle Make: _____ Model: _____ Year: _____ Color: _____ License No.: _____
 Trailer Make: _____ Model: _____ Year: _____ Color: _____ License No.: _____
 Business Name on Vehicle or Trailer: _____

INFORMATION & DIRECTIONS FOR FILING

This application must be completed in its entirety and submitted the required fees listed below. **Make checks payable to Homestead Borough.** Incomplete applications will not be processed and will be returned denied.

The following items must be submitted with this application:

1. Valid Mobile Food Facility Permanent Retail License from the Pennsylvania Department of Agriculture.
2. Valid Food Facility Permit from the Allegheny County Health Department Food Safety Program.
3. A Certificate of Insurance providing general liability insurance of not less than \$350,000.00 per occurrence.
4. Mobile Food Vendor/Food Truck information including typical menu items and proposed hours of operation.
5. Valid Homestead Borough Business Privilege & Mercantile Tax License.
6. Such other information as may be required by the Borough.

FEE SCHEDULE

Annual Fee (January 1 through December 31)	\$1,000.00
Scanning & Document Storage Fees	\$24.00
TOTAL OF ALL FEES	\$1,024.00

(DO NOT WRITE BELOW THIS LINE - BOROUGH USE ONLY)

Additional information required to be submitted with application or provided by borough:

Were items 1 through 6 submitted from the information & directions for filing? Yes No If no, dated denied: _____

Ordinance provided to applicant: Yes No Mobile Food Vendor map provided to applicant: Yes No

Application accepted: _____ **Date:** _____
 Building Code Official/Zoning Officer

PERMIT NO.: _____ **DATE ISSUED:** _____ **INVOICE NO.** _____ **CHECK NO.:** _____