

**BUSINESS AND/OR ENTITY NAME**

Name: _____

Business Address: _____ Phone: () _____

City: _____ State: _____ Zip Code: _____ Fax: () _____

Email: _____ Website: _____

Name: _____

Home Address: _____ Phone: () _____

City: _____ State: _____ Zip Code: _____ Fax: () _____

Email: _____

Date of Application

Signature

Vehicle Make: _____ Model: _____ Year: _____ Color: _____ License No.: _____

Trailer Make: _____ Model: _____ Year: _____ Color: _____ License No.: _____

Business Name on Vehicle or Trailer: _____

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.

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.

| <i>FEE SCHEDULE</i> | |
|--|-------------------|
| Annual Fee (January 1 through December 31) | \$1,000.00 |
| Scanning & Document Storage Fees | \$30.00 |
| TOTAL OF ALL FEES | \$1,030.00 |

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.: