

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					
DUSTINESS AND/UK EN	III I IVAIVIE				
Name:					
				Phone: ()
City:	State:	Zip Code:		Fax: ()
Email:		Website:			
INDIVIDUAL RESPONS	SIBLE FOR DAY TO DAY OF	PERATIONS			
Name [.]					
				Phone: ()
	State:			Fax: ()
				,	,
	tements and data furnished witl lobile Food Vendors in Homeste		are true and correc	ct. I also acknowled	dge that I have read all
	····				
Date of Application Signature					
VEHICLE AND/OR TRAILER INFORMATION					
Vehicle Make:	Model:	Year:	Color:	License I	No.:
Trailer Make:	Model:	Year:	Color:	License I	No.:
Business Name on Vehicle	e 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.					
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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 thro	ough December 31)				\$1,000.00
Scanning & Document Sto					\$30.00
TOTAL OF ALL FEES					\$1,030.00
(De	O NOT WRITE BELOW	W THIS LIN	E - BOROUGI	H USE ONLY	
Additional information requ	uired to be submitted with applic	ation 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:	Building Cod	le Official/Zonin	o Officer	Date:	
	Sanding 000	Joid#E0iilli	- J		
PERMIT NO.:	DATE ISSUED:	IN	VOICE NO.	СНЕ	CK NO.: