

OFFICE USE
DATE RECEIVED _____
INITIALS _____



CITY OF READING, PENNSYLVANIA

PROPERTY MAINTENANCE DIVISION

HEALTH OFFICE

815 WASHINGTON STREET

ROOM 1-30

READING, PA 19601-3690

PHONE: (610) 655-6214

FAX: (610) 655-6525

EVENT VENDOR HEALTH PERMIT / APPLICATION - \$10.00

**** APPLICATION MUST BE MADE NO LATER THAN 15 DAYS PRIOR TO EVENT DATE ****

EVENT NAME: _____ EVENT DATE: _____

VENDOR NAME: _____

LIST OF FOOD ITEMS: _____

VENDOR INFORMATION:

First and Last Name: _____

Home Address: _____ (No PO Boxes)

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone: _____

Email Address: _____ Fax Number: _____

EVENT VENDOR HEALTH PERMIT NUMBER _____
(Issued by Health Office)

REQUIRED DOCUMENTATION

- Current year health permit/license from Municipal or State agency;
- Valid Pennsylvania ServSafe Certificate (If applicable);
- Certificate of business liability insurance for the above stated business with minimum coverage of \$100,000 per individual and \$500,000 per incident;
- Copy of state issued identification (e.g., driver's license)
- Event Business Privilege License (obtained from Citizens Service Center, Room 1-27).

SIGNATURE _____

DATE _____

