



VENDOR HEALTH PERMIT APPLICATION

For further information call
(610) 655-6214

WHEN COMPLETED, MAIL PAYMENT, REQUIRED DOCUMENTATION &
APPLICATION TO:

CITY OF READING
Property Maintenance Division
815 WASHINGTON STREET, RM 1-30
READING PA 19601-3618

Health Permit # _____

Date of Issuance: _____

(Official Use Only)

1. TYPE OF VENDOR: (check one)

- Mobile Vendor (Ice Cream Trucks, Food Trucks, etc.) Fee: \$300 Food Sidewalk Vendor Fee: \$175 Non – Food Table Vendor Fee: \$50

Requested Location: _____ (if applicable)

2. Name of Business

3. Business Owner's First and Last Name

4. Home Address (No PO Boxes)

City

State

Zip Code

5. Owner's Daytime Telephone No.

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6. Owner's Evening Telephone No.

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7. Owner's Email Address

Employee Selling Food

8. First and Last Name:

9. Contact Daytime Telephone No.

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10. Required Documentation:

- Photograph and specifications with business name: (check one)
 - Cart (must be less than 4 ft x 8ft)
 - Stand
 - Truck
 - Trailer
- Copy of Business Owner's state issued identified (e.g, driver's license)
- Valid PA ServSafe Certificate (if selling non-packaged food items)
- Certificate of business liability insurance for the above stated business with minimum coverage of \$100,000 per individual and \$500,000 per incident.
- Business Privilege License (obtained from Citizens Service Center, Room 1-27)

11.

I hereby verify that the information provided on this application is true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S.A. §4904, relating to unsworn falsification to authorities. I hereby swear and affirm to abide by and adhere to the Codified Ordinances of the City of Reading and any and all applicable Federal or State laws, statutes or regulations.

Signature of Owner

Date Submitted