



# Vendor Health Permit Application

For further information call (877) 727-3234

When completed, mail payment, required documentation, and 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: \*

Mobile Vendor (Ice Cream Trucks, Food Trucks, etc.)  
Fee: \$175

Food Sidewalk Vendor  
Fee: \$175

Non - Food Table Vendor  
Fee: \$50

## Requested Location: \*

(if applicable)

## 2. Name of Business \*

## 3. Business Owner \*

First Name      Last Name

## 4. Home Address (No P.O. Boxes) \*

Street Address

Street Address Line 2

### 5. Owner's Daytime Telephone #

Please enter a valid phone number.

### 6. Owner's Evening Telephone #

Please enter a valid phone number.

### 7. Owner's Fax #

Please enter a valid phone number.

## Employee Selling Food

### 8. Employee Name

First Name      Last Name

### 9. Contact Daytime Telephone #

Please enter a valid phone number.

### 10. Required Documentation

- Copy of Business Owner's state issued identification (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)

