



Vendor Health Permit Application

For further information call (877) 727-3234

When completed, payment and required documentation will need to be sent 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: \$300

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)

