



# CITY OF READING, PENNSYLVANIA

PROPERTY MAINTENANCE DIVISION  
HEALTH OFFICE  
815 WASHINGTON STREET  
ROOM 1-30  
READING, PA 19601-3690  
(610) 655-6214

## EVENT VENDOR HEALTH PERMIT / APPLICATION

**EVENT NAME:** \_\_\_\_\_ **EVENT DATE:** \_\_\_\_\_

**\*\* APPLICATION MUST BE MADE NO LATER THAN 15 DAYS PRIOR TO 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** \_\_\_\_\_

(Vendor)

**DATE** \_\_\_\_\_



FAX: (610) 655-6525