City of Reading
Property Maintenance Division
815 Washington St Rm 1-30
Reading PA 19601
610-655-6214

VENDOR LICENSE APPLICATION

DATE _____

APPLICANT INFORMATION

Name _____

Address (No P O Box please) _____

Phone _____

Name of Business _____

Type	Permit Number	Location of Unit
___ **Sidewalk Vendor**	_____	at _____
___ **Stationary Vendor**	_____	at _____
___ **Mobile Vendor**	_____	
___ **Itinerant Vendor**	_____	Event(s) Inspection

REQUIRED DOCUMENTATION

_____ PHOTOS OF VENDING UNIT Cart , Stand, Truck etc)
_____ COPY OF PUBLIC LIABILITY INSURANCE with minimum coverage of $100,000 per individual and $500,000 per incident)
_____ COMPLETE LIST OF ITEMS OFFERED FOR SALE
_____ FOOD HANDLER'S CERTIFICATION (food vendors only)

Note: A Business Privilege License must be acquired after vending unit is inspected and approved.

I hereby verify that the infromation provided on this application is true and correct to best of my knowledge, information and belief.

I understand that false statements made herin are made subject to the penalties of 18 Pa. C.S.A. para.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 Business Owner Date