



# VENDOR HEALTH PERMIT APPLICATION

For further information call  
(877) 727-3234

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: \$175       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.

( ) -

6. Owner's Evening Telephone No.

( ) -

7. Owner's Fax No.

( ) -

### Employee Selling Food

8. First and Last Name:

9. Contact Daytime Telephone No.

( ) -

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.
- Copy of Business Owner's state issued identified (e.g, driver's license)
- 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