

Borough of South Williamsport

329 West Southern Avenue
South Williamsport, Pa. 17702-7296

Phone: (570) 322-0158

Fax: (570) 322-1011

-MOBILE FOOD VENDOR PERMIT-

NAME OF APPLICANT: _____

PHONE NUMBER: _____ **EMAIL:** _____

ADDRESS: _____

BUSINESS NAME: _____

VEHICLE TYPE: _____ **PLATE NUMBER:** _____

EMPLOYEES: _____

LOCATION OF FOOD TRUCK: _____

DATE(S) REQUESTED: _____

FEE REQUIRED: _____ (weeks) @ \$10.00/week = _____

I affirm the above information to be true and correct: _____

Requirements:

- Valid Department of Health Certificate
- Pa. State Police Clearance for applicant and employees (epatch.state.pa.us)
- Written permission of property owner to be located
- Fee of \$10.00/week (Sunday thru Saturday)
- Valid Government issued photo identification for applicant and employees

Approval:

Initial _____
Initial _____
Initial _____
Initial _____
Initial _____

The Borough reserves the right to revoke this permit for any violation of Ordinance 2016-6

Approved by: _____ (SW Borough) **Date:** _____

_____ (P.D. Chief, Serg., Corp.) **Date:** _____