

HAZLE TOWNSHIP MOBILE FOOD VENDORS PERMIT APPLICATION

Mailing: PO Box 506, Harleigh, Pa. 18225

Physical: 101 W 27th St. Hazle Township, Pa. 18202

P:570-455-2030 F:570-453-2402 zoning@hazletownship.com

Per ordinance 2020-3-10-2, All Mobile Food Vendors are required to have a permit to operate in Hazle Township.

MFV- _____ - _____

DATE: _____

Fees: One day to seven days \$10.00 per day.

Thirty days: \$125.00

One year: \$250.00

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

EIN: _____

Proof of Pa. Department of Agriculture licensure required. If exempt, proof of exemption must be attached. Proof of required Safe Serve Certification required.

Attach proof of liability insurance and workman's comp insurance. If you are not required to carry workman's comp, and affidavit stating why must be provided.

Business Owner: _____

Owner Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Owner Email: _____

If the Business Owner and Applicant are the same skip this section. Each employee must be registered separately with Hazle Township.

Attach additional sheets as necessary. State Photo Id must be included for each employee. Safe Serve Certification must be attached.

Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Vehicle Info. Not a blanket permit. All vehicles must be registered with proof of registration and insurance for each.

Year: _____ Make: _____ Model: _____

Plate: _____ VIN: _____

Attach additional sheets as necessary.

Products to be sold: _____

Location of sale: _____

If on private property written proof of permission from the property owner is required. Property owners Name, Address and Phone Number must be included.

Length of Permit requested: _____

I have received a copy of the Hazle Township Mobile Food Vendors Permit and agree to abide by all the requirements contained therein. I understand violations of the ordinance may result in summary conviction from the District Magistrate and or revocation of permits.

Signed: _____

Print Name: _____

Date: _____

Permit approved: _____

Permit Denied: _____

Reason for Denial:

By: _____ Title: _____

Date: _____

Amount Paid: _____

Check/ Money Order No. : _____ VISA MC AMEX DISCOVER _____ (fee \$1.50 or 2.5 % whichever is greater)

Date: _____

