



## Mobile Food Vendor Permit Application

### SECTION 1: Business and Owner Information

Business Name:

Owner Name(s):

Business Mailing Address:

Phone Number:

Email Address:

Website/Social Media (if applicable):

### SECTION 2: Required Licenses and Certifications

Attach copies of the following documents:

- Valid Driver's License of operator
- Media Borough Business Privilege/Mercantile Tax Form (e-collect) and Fee (\$100)
- Proof of all necessary licenses and certifications as required by the Commonwealth of Pennsylvania
  - Retail Food Facility Plan Review & License
  - Sales Tax License
- Valid Delaware County Health Department Food Facility License or Mobile Food Unit Certification
- ServSafe or other Food Safety Certification (if applicable)
- Fire Safety Inspection Certificate (for vehicles using propane or on-board cooking).  
Certification that the Mobile Food Vendor's vehicle, propane tanks, and related equipment have passed all required inspection by the Delaware County Department of Health and Commonwealth of PA.
- Inspection by Media Borough Fire Marshal is scheduled on \_\_\_\_\_  
at \_\_\_\_\_.

### **SECTION 3: Vehicle and Equipment Information**

Type of Unit (Check One):

Pushcart Stand  Trailer Hitch Unit  Other: \_\_\_\_\_

Make/Model of Vehicle:

License Plate Number:

Vehicle Identification Number (VIN):

### **SECTION 4: Operations and Products**

Brief Description of Products/Food Sold:

Preferred Days of Operation (circle one):

Permit A: Monday/Wednesday

Permit B: Tuesday/Thursday

### **SECTION 5: Employee Information**

Provide a list of all employees authorized to operate under this permit:

Employee Name

Phone Number

Email

Serv Safe?

### **SECTION 6: Interior Design Plan**

Attach a detailed diagram or schematic of the food preparation area, including:

- Locations of all equipment
- Hand-washing sinks for employees
- Placement of propane tanks, generators, or fuel sources
- Food storage and cooking areas
- Waste disposal and sanitation systems

### **SECTION 7: Insurance & Liability**

Attach a current Certificate of Insurance providing:

- General liability coverage of no less than \$350,000 per occurrence
- Naming the Borough of Media as an additional insured party
- Dates of coverage that match the requested permit term

I acknowledge that the permit is valid only for the dates covered by the submitted insurance policy.

I agree to indemnify and hold harmless the Borough of Media from all claims, losses, injuries, damages to persons or property, including attorneys' fees and court costs, whether incurred due to negligence of the Borough, myself, my employees, or agents.

**SECTION 8: Acknowledgment and Signature**

I hereby certify that all the information in this application is true and complete. I understand that failure to provide complete and accurate information or to comply with local, state, and federal laws may result in denial or revocation of this permit.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Permit Payment Received: \_\_\_\_\_

Business Priv Received: \_\_\_\_\_

- Valid Driver's License
- BP Form and Fee
- Retail Food Facility Plan Review and License
- Sales Tax License
- DCHD Certification
- Serv Safe Certificate
- Fire Safety Inspection Certificate
- Interior Design Plan
- Permit A: Monday/Wednesday
- Certificate of Liability Insurance: expiration date \_\_\_\_\_

- Approved
- Denied

Permit Number: \_\_\_\_\_

Valid From: \_\_\_\_\_ to: \_\_\_\_\_