



616 GERMANTOWN PIKE – LAFAYETTE HILL, PA 19444-1821

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FAX: 610-825-9416

www.whitemarshtwp.org**WHITEMARSH TOWNSHIP****APPLICATION FOR MOBILE FOOD VENDORS**

Application Date	Business Name (If Any)		
Address	City	State	Zip
Property Owner:	Phone		
Address	City	State	Zip
Email			
Location Mobile Food Vendor will be operating at: _____			
Description of Event:			

VENDORS MUST PROVIDE THE BELOW LISTED DOCUMENTATION

- 1) Valid Montgomery County Department of Health Food License
- 2) Valid Certificate of Insurance
- 3) Documentation of Inspection for the following:
 - ❖ Fire Extinguishers
 - ❖ Fire Suppression (Ansul System)- if applicable
 - ❖ Exhaust Hoods- if applicable
- 4) Please provide a check payable to Whitemarsh Township for \$75.00 (this covers the operational permit fee)

Certification

I hereby certify that I am the owner of record of the named property, or that the proposed mobile food vendor is authorized by the owner of record and that I have been authorized by the owner to make this application as their authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for operation described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such a permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Applicant

Address

Phone