

MOBILE /POP -UP FOOD VENDOR



1. **COMPLETED APPLICATION**
2. **COPY OF FOOD SAFETY CERTIFICATION - SERV SAFE OR CERTIFICATE FROM DEPT. OF AGRICULTURE.**
3. **COPY OF BUSINESS REGISTRATION SINGLE TAX OFFICE.**
570-963-6756 ASK FOR JOHN HARTRIDGE
4. **COPY OF DRIVERS LICENSE OR VALID ID**
5. **FOOD ITEMS YOU SELL – PLEASE NOTE ALL INGREDIENTS MUST BE LISTED ON ITEMS YOU SELL, MAKE, OR BAKE DUE TO POSSIBLE FOOD ALLERGIES CUSTOMERS MAY HAVE. PLEASE ALSO POST ON YOUR STAND ANY QUESTIONS REGARDING INGREDIENTS PLEASE ASK.**

ALL PAPERWORK ABOVE MUST BE PRESENTED FOR HEALTH/EATING & DRINK LICENSE TO BE ISSUED.

BUSINESS INFORMATION:

COMPANY NAME: _____

OWNER: _____

OWNERS ADDRESS: _____

PHONE: _____

EMAIL: _____

FOOD SAFETY CERTIFICATION INFORMATION

COPY OF PA FOOD SAFETY CERTIFICATION

OR OWNER'S DEPT OF AGRICULTURE LICENSE/PAPERWORK.

PERSON ON SITE MUST BE WORKING DAY OF EVENT AND CITY OF SCRANTON HEALTH LICENSE MUST BE DISPLAYED AND VIEWABLE TO THE PUBLIC.

I, CERTIFY THE ABOVE INFORMATION IS CORRECT AND TO THE BEST OF MY KNOWLEDGE, I UNDERSTAND THAT INCOMPLETE OR INCORRECT INFORMATION PAPERWORK WILL BE RETURNED.

APPLICANT NAME _____

DATE _____

APPLICANT SIGNATURE _____

DATE _____ **FEE\$** __\$75 FOR 5 EVENTS IF YOU HAVE NOT ALREADY OBTAINED A 5 EVENT PERMIT.