

Division of Health 120 N. DUKE STREET P.O. BOX 1599 LANCASTER, PA 17605-1599

PH: (717) 291-4824 Fax: (717) 291-4827

	DATE:
TEMPORARY FOOD VENDO	R APPLICATION

	APPLICATION REQUIRED TWO WEEKS PRIOR TO EVENT DATE(S)
Event	(For 1-3-day events) Name: Date(s) of Event:
	SE PRINT:
1.	Name of Food Business:
	Contact Person:
	Address of Business:
	City: State: Zip Code:
	Telephone No.: Cell No.:
	Email:
2.	Indicate what you will be selling. Please be specific:
3.	Will all your food be prepared on site? Yes No If No, where will it be prepared?
4.	What fuel source will you be using (please check applicable source) LP Charcoal Wood
5.	Please list all heating and cooking equipment you will be using:
6.	NOTE: You MUST supply your own fire extinguisher. Is anyone working this event with this business Food Safety Certified? Yes No
,, U.	If ServSafe Certified is required for this vendor for this event, then attach a copy of the Certificate from the vendor to this application. Yes N/A
	7. Do you have a Department of Agriculture (PDA) license?
	PLEASE PROVIDE A COPY OF YOUR PDA LICENSE
Cos	t for the Temporary License (\$60.00 <u>) NON-REFUNDABLE</u> **** <u>CASH CANNOT BE ACCEPTED</u> ****
	MAKE CHECK OR MONEY ORDER PAYABLE TO <u>CITY OF LANCASTER</u>
☐ Pai	
	Officer Approval: Yes Date:
Reason	(s) for Denial of Application:
Health	Officer Signature:



Division of Health

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FILL IN AND SIGN THE APPROPRIATE BLOCK

SOLE PROPRIETER (INDI	VIDUAL PERSON)	
Signature – General Partner		
Legibly Print Name		
Date PARTNERSHIP	LIMITED PARTNERSHIP	
Signature – General Partner	Signature – General Partr	ner
T 'L.1 . D .' . / NI		
Legibly Print Name		
Date	Date CIATION/NON-PROFIT ENTITY: Name of Corporation or Non-Profit Entity	
Date CORPORATION OR ASSO	Date CIATION/NON-PROFIT ENTITY:	Date
Date CORPORATION OR ASSO	Date CIATION/NON-PROFIT ENTITY: Name of Corporation or Non-Profit Entity	
Date CORPORATION OR ASSO	Date CIATION/NON-PROFIT ENTITY: Name of Corporation or Non-Profit Entity / Vice President (circle one) Legibly Print Name	
Date CORPORATION OR ASSO	Date CIATION/NON-PROFIT ENTITY: Name of Corporation or Non-Profit Entity / Vice President (circle one) Legibly Print Name / Treasurer (circle one) Legibly Print Name	Date