



BOROUGH OF LEHIGH

****OFFICE USE ONLY****

Date Received: _____

Date Approved: _____

Date Permit issued: _____

Permit Number: _____

APPLICATION FOR MOBILE FOOD VENDOR LICENSE

I. Applicant Information

Name: _____

Address: _____

Phone: _____ Cell Phone: _____ Fax: _____

Email: _____

II. Business Information

Name of Company: _____

Address: _____

Phone: _____ Cell Phone: _____ Fax: _____

Email: _____

III. Mobile Vehicle Information:

Type of Business: ☐ Catering Truck ☐ Mobile Food Truck with Kitchen

☐ Hitch Trailer ☐ Ice Cream Truck ☐ Hand Cart

Vehicle License Number: _____ Color: _____

IV. Description of food type, beverage and/or Merchandise to be sold:

V. Name of Event (if applicable)

Event: _____ Date: _____

Location: _____

Event Hours: _____

VI. Special Requests

VII. Location/Description of Off-Street Cart/Truck Storage Facilities:

VIII. Methods & Routes for transporting cart/truck to and from the sidewalk
or other location/storage facility

IX. Names, addresses, percentage of stock owned by shareholders in a corporate
application and percentage of each partner in a Partnership Application

Please see ORDINANCE 638-2017 for all Rules & Regulations by logging on to -
<http://www.ecodes360.com/LEO548> or under "Ordinance" on www.lehighntonborough.com

I hereby certify that the information provided in this Application is true and correct to the best of my
knowledge and understanding that the submission of false/misleading information may constitute
grounds to deny the application or be may be subject to further legal proceedings.

Applicant Signature: _____ Date: _____

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Fees: Community Event \$20.00

Monthly Fee: \$50.00

Annual Fee \$300.00

Amount of License Fee Received: _____

Date: _____

Date Insurance Certificate Received: _____ Expiration Date: _____

Photo of Food Cart/Truck Received: _____

Copy of Food Employee Certification Received: _____

Borough Manager Signature: _____ Date: _____