



DEPARTMENT OF LICENSING, INSPECTIONS AND PERMITS

CITY HALL • 340 NORTH WASHINGTON AVENUE • SCRANTON, PENNSYLVANIA 18503 • PHONE: 570-348-4193 • FAX: 570-348-4171

RETAIL FOOD TRUCK/CART APPLICATION

- 1. RETURN COMPLETED APPLICATION WITH REQUIRED INFORMATION.**
- 2. COPY OF OWNERS PA. FOOD SAFETY MANAGER'S CERTIFICATION OR OWNERS DEPT OF AGRICULTURE LICENSE.**
- 3. COPY OF OWNERS PENNSYLVANIA DRIVERS LICENSE.**
- 4. REGISTER WITH SINGLE TAX OFFICE , 2ND FLOOR, COUNTY BLDG, 119 WYOMING AVE, ASK FOR JOHN HARTRIDGE.**
- 5. COPY OF MENU IF AVAILABLE.**
- 6. ANY EVENTS YOU PLAN TO ATTEND IN SCRANTON YOU MUST CONTACT COORDINATOR OF THAT EVENT.**
- 7. PARKING PLEASE CONTACT ABM PARKING.**

ALL ABOVE INFORMATION MUST BE PRESENTED TO OBTAIN CITY OF SCRANTON HEALTH LICENSE FOR RETAIL FOOD AND DRINK SALES.



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MOBILE TRUCK/CART VENDING APPLICATION

LICENSE FEES _____

CONTACT INFORMATION

COMPANY NAME: _____

OWNER'S NAME _____

CITY, STATE, ZIP _____

PHONE _____

EMAIL ADDRESS _____

VEHICLE INFORMATION

TRUCK OR CART _____ VEHICLE TAG NUMBER _____ STATE _____

STEP VAN _____ TRUCK _____ TOW UNIT _____ PUSH CART _____

ELECTRICAL GENERATOR _____ PROPANE TANK _____

FOOD SAFETY CERTIFICATION

PA FOOD SAFETY NUMBER _____ EXPIRATION DATE _____

PERSON HOLDING CERTIFICATION (PIC) PERSON IN CHARGE MUST BE ON SITE.

I, CERTIFY THAT THE ABOVE INFORMATION ON THIS APPLICATION IS CORRECT TO THE

BEST OF MY KNOWLEDGE. I UNDERSTAND THAT INCOMPLETE OR INELIGIBLE

INFORMATION YOUR APPLICATION WILL BE RETURNED.

APPLICATION NAME _____ DATE _____

APPLICANT'S SIGNATURE _____ DATE _____

FEES:

\$250.00 FOR DRIVEABLE FOOD TRUCKS

\$150.00 FOR TOWED FOOD TRUCKS

\$50.00 FOR PUSH CARTS
