

NAME: DOB:

**EMAIL:** 

ADDRESS: EIN/FEIN #:

**ORGANIZATION NAME:** 

APPLICANT'S EMPLOYEES:

# **BOROUGH of MILLVALE**

501 Lincoln Avenue Millvale, PA 15209 Phone (412) 821-2777 info@millvaleboro.com www.millvalepa.com



## MOBILE FOOD VENDOR PERMIT APPLICATION

BOROUGH OF MILLVALE CODE CHAPTER 205 - ORDINANCE NO. 2591

FEES: Resident - \$150.00, Non-Resident - \$250.00 (discount available for group permits)

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

**APPLICANT INFORMATION** 

**CELL PHONE #:** 

**DRIVER'S LICENSE #:** 

PHONE #:

VEHICLE INFORMATION										
VEHICLE MAKE:	COLOR:									
LICENSE PLATE #:	STATE:									
LOCATIONS WHERE VENDING WILL OCCUR										
PROPERTY ADDRESS	OWNER/BUSINESS NAME	DATES								

### MOBILE FOOD VENDOR PERMIT APPLICATION

APPLICATION CHECKLIST						
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED						
□ COMPLETED AND SIGNED APPLICATION						
□ PROOF OF IDENTIFICATION (MUST BE GOVERNMENT ISSUED)						
☐ TWO PHOTOS OF VEHICLE (ONE FROM THE FRONT AND ONE FROM THE SIDE)						
□ COPY OF VEHICLE REGISTRATION						
□ PROOF OF AUTO INSURANCE FOR VEHICLE						
☐ CERTIFICATE OF INSURANCE LISTING THE BOROUGH OF MILLVALE AS AN ADDITIONAL INSURED (COVERAGE						
CANNOT BE LESS THAN \$1,000,000.00)						
□ WORKER'S COMPENSATION CERTIFICATE (IF APPLICANT HAS EMPLOYEES)						
□ COPY OF ALLEGHENY HEALTH DEPARTMENT LICENSE						
☐ WRITTEN PERMISSION FROM PROPERTY OWNERS AT LOCATIONS WHERE VENDING WILL OCCUR						
☐ AERIAL MAP MARKING LOCATIONS WHERE VENDING WILL OCCUR						
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED						

#### **SIGNATURE**

### BY COMPLETING AND SUBMITTING THIS APPLICATION FOR APPROVAL, I HEREBY STATE THE FOLLOWING

ALL INFORMATION PROVIDED ON THE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT COMPLETING AND SUBMITTING THIS APPLICATION IS NOT APPROVAL OF A PERMIT.

I HAVE READ, FULLY UNDERSTAND, AND WILL ABIDE BY THE BOROUGH OF MILLVALE ORDINANCE NO. 2591, ALSO KNOWN AS THE MOBILE FOOD VENDOR ORDINANCE.

I understand that in consideration of the issuance by the Borough of Millvale of a Mobile Food Vendor Permit to the undersigned Applicant, the Applicant acknowledges that employees of the Borough are only performing their duties to require compliance with the minimum requirements of the applicable ordinances of the Borough pursuant to the police power of the Borough. The Applicant agrees to defend, hold harmless, and indemnify the Borough, its elected and appointed officials and employees from and against any and all claims, demands, actions, and causes of action of any one or more third parties arising out of or relating to the Borough's review of the Applicant's application, or issuance of a permit or permits, or arising out of or relating to the operations of the mobile food vendor. All references in this agreement are applicable to the Applicant's employees, agents, independent contractors, subcontractors of any other persons or entities performing work pursuant to the issuance of the Mobile Food Vendor Permit by the Borough. Furthermore, the Applicant is hereby informed that any violation(s) of the Borough Code, State or Federal law is subject to fines and penalties as stated in the applicable ordinance(s).

SIGNATURE: DATE:

BOROUGH USE ONLY								
DATE RECEIVED:			RECEIVED BY:					
COMPLETED AND SIGNED APPLICATION				TWO PHOTOS OF VEHICLE				
PROOF OF IDENTIFICATION					PROOF OF REGISTRATION AND AUTO INSURANCE			
CERTIFICATE OF INSURANCE				HEALTH DEPARTMENT LICENSE				
WORKER'S COMPENSATION CERTIFICATE				AERIAL MAP				
WRITTEN APPROVAL FROM PROPERTY OWNERS								
REVIEW				FEES				
DEPARTMENT	APPROVED	DENIED	DATE			BALANCE	PAID	
ADMINISTRATION					APPLICATION FEE			
POLICE								
PERMIT ISSUED BY:			TI	TLE:	DATE:			
PERMIT # STA					ART / END DATE			