

MOBILE FOOD VENDOR PERMIT APPLICATION

APPLICATION CHECKLIST
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED
<input type="checkbox"/> COMPLETED AND SIGNED APPLICATION
<input type="checkbox"/> PROOF OF IDENTIFICATION (MUST BE GOVERNMENT ISSUED)
<input type="checkbox"/> TWO PHOTOS OF VEHICLE (ONE FROM THE FRONT AND ONE FROM THE SIDE)
<input type="checkbox"/> COPY OF VEHICLE REGISTRATION
<input type="checkbox"/> PROOF OF AUTO INSURANCE FOR VEHICLE
<input type="checkbox"/> CERTIFICATE OF INSURANCE LISTING THE BOROUGH OF MILLVALE AS AN ADDITIONAL INSURED (COVERAGE CANNOT BE LESS THAN \$1,000,000.00)
<input type="checkbox"/> WORKER'S COMPENSATION CERTIFICATE (IF APPLICANT HAS EMPLOYEES)
<input type="checkbox"/> COPY OF ALLEGHENY HEALTH DEPARTMENT LICENSE
<input type="checkbox"/> WRITTEN PERMISSION FROM PROPERTY OWNERS AT LOCATIONS WHERE VENDING WILL OCCUR
<input type="checkbox"/> 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	APPLICATION FEE	BALANCE	PAID
ADMINISTRATION						
POLICE						
PERMIT ISSUED BY:				TITLE:		DATE:
PERMIT #				START / END DATE		