



**RETAIL FOOD FACILITY LICENSE
(MOBILE CART)**

- 1. COMPLETED APPLICATION**
- 2. COPY OF FOOD SAFETY CERTIFICATE (FROM AN ANSI-CFP ACCREDITATION PROGRAM)***

***YOU WILL HAVE 90 DAYS FROM THE TIME THE ESTABLISHMENT OPENS TO APPLY FOR THE CERTIFICATE.**

FAILURE TO PRODUCE ANY OF THESE DOCUMENTS WILL DELAY THE PROCESSING OF YOUR LICENSE.

CITY OF SCRANTON
MOBILE VENDING CART
APPLICATION

License and Inspection
340 N. Washington Ave
Scranton, Pa 18503 \$150.00-FEE
(Payable to the City of Scranton)

Phone (570) 348-4193
Fax (570) 348-4171

<i>Company Name:</i> _____
<i>Owners Name (if different from above)</i> _____
<i>Mailing Address, City, State ,Zip:</i> _____
<i>Phone:</i> _____ <i>Cell Phone:</i> _____
<i>Email:</i> _____

<i>Type of Unit/Cart: Tag#</i> _____ <i>State</i> _____
<input type="checkbox"/> <i>Step Van</i> <input type="checkbox"/> <i>Propane Tank</i>
<input type="checkbox"/> <i>Truck</i> <input type="checkbox"/> <i>Electrical Generator</i>
<input type="checkbox"/> <i>Tow Unit</i> <input type="checkbox"/> <i>Push Cart</i>
 <i>Menu/Type of Foods Sold</i>
<i>Hot Foods</i> _____ <i>Cold Foods</i> _____ <i>Ice Cream</i> _____
<i>Other/Explain</i> _____

<i>PA Food Certification#</i> _____ <i>Expiration Date</i> _____
<i>Person Holding Certificate</i> _____
(MUST BE THE PERSON-IN-CHARGE)
PERSON-IN-CHARGE MUST BE ON SCENE
<i>I certify that the information provided on this application is correct to the best of my knowledge.</i> <i>I understand that incomplete or illegible will be returned unprocessed.</i>
<i>Applicant Name (Print)</i> _____ <i>Date</i> _____
<i>Applicant Signature:</i> _____
<i>Approved</i> _____ <i>Disapproved</i> _____ <i>Health Inspector</i> _____