



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 FACILITY
MOBILE/ PUSH CART**

1. Complete Application
2. Copy of Food Safety Certification (From an ASSI- CEP Accreditation Program)
3. Copy of Business Registration from Single Tax Office
Located at 130 Lackawanna Ave (570-963-6756)
4. Copy of Photo Id
5. Copy of Menu

ALL INFORMATION MUST BE PRESENTED TOGETHER FOR LICENSED TO BE REVIEWED

REV 07.31.2013

LICENSING, INSEPCIONS AND PERMITS DEPARTMENT
EATING AND DRINKING LICENSE- MOBILE VENDING CART APPLICATION
340 NORTH WASHINGTON AVE
SCRANTON, PA 18503

License Fee \$ 250.00

CONTACT INFORAMTION:

Company Name: _____
Owners Name (if different than above) _____
Mailing Address, City, State, Zip _____
Phone _____ Cell _____
Email _____

VEHICLE INFORMATION

Type of Unit/ Cart Tag# _____ State _____

 Step Van Truck Tow Unit Push Cart

 Electrical Generator Propane Tank

MENU INFORMATION

Hot Foods Cold Foods Ice Cream
Other (Explain) _____

FOOD SAFETY CERTIFICATION INFORMATION

PA Food Certification Number _____
Expiration Date _____
Person Holding Certificate _____ (Must be person in charge)

****Person holding Certificate MUST be on Scene**

*I certify that the information provided on this application is correct to the best of my knowledge.
I understand that incomplete or illegible will be returned unprocessed.*

Applicant Name (Print) _____ Date _____
Applicant Signature _____ Date _____