

DATE: _____

ACCT #: _____



CITY OF
LANCASTER

A City Authentic

**CITY OF LANCASTER
HEALTH DIVISION**

APPLICATION FOR PULLED MOBILE UNIT

Chapter 46, Food Code the rules and Regulations of the PA Department of Agriculture issued under the Act of May 23, 1945, P.L. 926 (Act. 369) and Act 70 on July 7, 1994, requires that properly prepared plans and specifications for construction, remodeling or alteration of a retail food facility must be submitted to and approved by the Department before food can be prepared, served and sold.

**PLEASE COMPLETE ALL INFORMATION AND SUBMIT TO THE HEALTH DIVISION
ALONG WITH PHOTOS OF THE REQUESTED UNIT LOCATED AT 120 NORTH DUKE STREET, P.O. BOX 1599,
LANCASTER, PA 17608-1599**

PLEASE TYPE OR PRINT ALL INFORMATION

SECTION 1 (COMPLETE AND MOVE TO SECTION 2)

APPLICATION FOR: Permanent License

THIS FACILITY IS A: ☐ Pulled Mobile Unit

PLEASE SELECT ANY THAT APPLY:

- | | |
|---|---|
| <input type="checkbox"/> New Pulled Mobile Unit | <input type="checkbox"/> Change of Ownership for an Existing Pulled Mobile Unit |
| <input type="checkbox"/> Remodel of an Existing Mobile Unit | <input type="checkbox"/> Change of Food or Operation type for an Existing Mobile Unit |
| <input type="checkbox"/> Change of Business Name | |
| <input type="checkbox"/> Other, Describe _____ | |

SECTION 2 (COMPLETE AND MOVE TO SECTION 3)

BUSINESS INFORMATION

BUSINESS OWNER NAME(S) _____
If more than one owner attach a sheet with the contact information for each owner/partner

STREET NUMBER AND NAME _____

CITY

STATE

ZIP CODE

TELEPHONE NUMBER () _____

MOBILE PHONE NUMBER () _____

EMAIL ADDRESS _____

NAME OF BUSINESS _____

**COMMISSARY KITCHEN INFORMATION
FACILITY WHERE FOOD IS PREPARED/STORED**

NAME OF COMMISSARY _____

ADDRESS OF COMMISSARY _____

STREET NUMBER AND NAME _____

CITY

STATE

ZIP CODE

COUNTY

TOWNSHIP/BOROUGH/CITY

() _____
TELEPHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

CELL NUMBER OR ALTERNATE PH. NUM.

MAILING ADDRESS (IF OTHER THAN ABOVE):

STREET NUMBER AND NAME

CITY

STATE

ZIP CODE

RESPONSIBLE OFFICIAL AT THE FACILITY _____
PLEASE TYPE/PRINT NAME

SECTION 3 (READ AND SIGN, AND MOVE TO SECTION 4)

PULLED MOBILE UNIT DESIGN & EQUIPMENT LIST

This plan must include the basic lay out of the Pulled Mobile Unit, the location of all food service equipment, a listing of the equipment (including manufacturer's names and model numbers), water and sewer connection locations, surface or finish coat materials on floors, walls and ceilings. Commonwealth regulations prohibit the use of lead pipe, lead-based solder and fitting in potable water drinking systems after January 6, 1991. The Department has provided a guideline for your assistance in complying with this section of the application.

I have attached the appropriate design plan AND equipment list to this application.

Applicant Signature

SECTION 4 (COMPLETE AND MOVE TO SECTION 5)

WATER, SEWER, WASTE INFORMATION

WATER: The facility will use: (Check the one that applies)

- ☐ A public / municipal water supply. Supplier: _____
- ☐ A non-public / non-municipal / private water supply (example: well water). These water supplies must be approved by DEP, Department of Environmental Protection (717-783-2300). Written documentation must be provided. A current water test must be provided.
- ☐ Various water supplies because it is a mobile unit.

A Current Water Test is Attached and / or I understand that it is My Responsibility to use ONLY Approved & Tested Water Supplies if Mobile.

Applicant Signature

SEWER: The facility will use: (Check the one that applies)

- ☐ A municipal / public sewage disposal system.
Name of Sewage Authority: _____
- ☐ A non-public sewage disposal system. For on-lot sewage disposal systems, written documentation from a certified Sewage Enforcement Officer stating that the sewage system is operating in a legal manner and with no apparent violations is required. This approval does not apply if the facility is connected to an approved municipal supply, as listed above.

I have attached written documentation for my on-lot sewage disposal system.

Applicant Signature

- ☐ Appropriate sewage/waste holding tanks that will be disposed of at approved sewage disposal sites only.

REFUSE: (Check all that apply & complete fully)

- ☐ The food facility refuse collector is _____ (Company Name)
- ☐ List any other refuse or waste collection companies used (ex: grease collection)

SECTION 5 (COMPLETE AND MOVE TO SECTION 6. IF A REMODEL ONLY IN SECTION 1, SALES TAX INFORMATION IS NOT REQUIRED)

ZONING AND OTHERS CODES

(BUILDING / PLUMBING / MECHANICAL / FIRE)

(Signature is required to affirm compliance with the appropriate requirements.)

- ☐ Intended use is Compliant with City Zoning requirements. **Home-based retail facilities** (only those allowed by the Department) **need to attach written documentation** from their municipality stating that a food type business can be conducted from the home. ***All applicants are required to attach a Certificate of Zoning Compliance.**
- ☐ A license to collect sales tax has been obtained or applied for. For information on applying for a sales tax license, contact the Pennsylvania Department of Revenue- (717) 787-8201. A copy of the sales tax license or proof of application is attached to this application.

I certify that the facility is compliant with the above checked requirements and any required supporting documentation is attached.

Applicant Signature

SECTION 6 (COMPLETE AND MOVE TO SECTION 7)

PULLED MOBILE UNIT SERVICE INFORMATION

DAYS OF OPERATION & TIME (Check days which apply & complete time facility is open)

- | | | | |
|------------------------------------|------------|-----------------------------------|------------|
| <input type="checkbox"/> Monday | Time _____ | <input type="checkbox"/> Friday | Time _____ |
| <input type="checkbox"/> Tuesday | Time _____ | <input type="checkbox"/> Saturday | Time _____ |
| <input type="checkbox"/> Wednesday | Time _____ | <input type="checkbox"/> Sunday | Time _____ |
| <input type="checkbox"/> Thursday | Time _____ | | |

If intended to operate on a predetermined route or schedule, provide a description and map of the proposed route of the pulled mobile unit, or the regularly scheduled locations and times the pulled mobile unit will be in each location.

TYPE OF MENU (check the one that applies)

- ☐ Full Service Menu ****attach menu** ☐ Limited Menu ****attach menu**
- ☐ Specific Food Items List Items: _____

Do you plan on serving any food undercooked or raw? List Items: _____

Do you have or have you applied for a liquor license? ☐ Yes ☐ No

EMPLOYEE INFORMATION

_____ # of anticipated employees. Do you intend to have all food truck employees Food Safety Certified? ☐ Yes ☐ No

If YES, list names and provide copies of certifications _____

If NO, will at least one Food Safety Certified employee be in the food truck at all times? ☐ Yes ☐ No

If NO, you will have 90 days from the date your license/registration is issued to make arrangement to send a supervisory level employee to training. Visit the State web site at www.agriculture.state.pa.us to obtain a list of approved courses.

Do you have an employee health policy? ☐ Yes ☐ No

(An employee health policy establishes how to handle ill employees, See Section 46.111 thru 46.115 of the Food Code for clarification).

If **NO**, prior to opening, an employee health policy **must** be established, either in Writing or Verbal, and presented to every employee of the establishment.

SECTION 7 (COMPLETE AND MOVE TO SECTION 8)

FACILITY OPENING

Anticipated date of beginning mobile food truck operations in the City: _____
Date

SECTION 8 (COMPLETE AND MOVE TO SECTION 9)

INSURANCE

A certificate of insurance providing general liability insurance of not less than \$350,000 per occurrence, listing the City of Lancaster as an additional insured is required. A food truck permit shall be issued only for the explicit time period covered by the effective dates of the general liability insurance policy. The application must include a copy of the Certificate of Insurance listing the insurance coverages provided and the City as an additional insured, or the Certificate must be provided prior to receipt of the required Health License and Mobile Food Truck permit.

SECTION 9 (READ, SIGN AND DATE)

This application, along with the pulled mobile food truck design/plan, business plan (required for any new pulled mobile food truck business wishing to operate within the City limits) and any other requested materials, as listed above, are to be **submitted to a Lancaster City Health Officer.**

By signing this application, you are confirming that all information is accurate and true. Failure to supply all requested information may result in a delay in licensing your facility.

Please allow up to 60 days for processing of your application from the date of post marking.

Signature, Title

Date

*****IF YOU SELL YOUR BUSINESS OR CHANGE THE NAME,
YOU MUST NOTIFY THE HEALTH OFFICE*****

**HEALTH OFFICER, KIM WISSLER: 717-291-4714
HEALTH DEPT. CLERK, TYRESA BAILEY: 717-291-4824**

FILL IN AND SIGN THE APPROPRIATE BLOCK

BUSINESS NAME: _____

BUSINESS FEDERAL EMPLOYMENT IDENTIFICATION NUMBER: _____

☐ **SOLE PROPRIETER (INDIVIDUAL PERSON)**

Signature – General Partner

Legibly Print Name

Date

☐ **PARTNERSHIP**

☐ **LIMITED PARTNERSHIP**

Signature – General Partner

Signature – General Partner

Legibly Print Name

Legibly Print Name

Date

Date

☐ **CORPORATION OR ASSOCIATION/NON-PROFIT ENTITY:**

Name of Corporation or Non-Profit Entity

Signature of President / Vice President (circle one)

Date

Legibly Print Name

Signature of Secretary / Treasurer (circle one)

Date

Legibly Print Name

☐ **LIMITED LIABILITY COMPANY (LLC):**

Name of Corporation

Signature – Member

Date

Signature – Member

Date

Legibly Print Name

Legibly Print Name

OFFICIAL USE ONLY

APPROVALS:

THE PULLED MOBILE FOOD TRUCK HAS PASSED ALL NECESSARY INSPECTIONS
REQUIRED BY THE COMMONWEALTH OF PENNSYLVANIA,

DATE _____

INTERIOR DESIGN APPROVED, DATE _____

INTERIOR DESIGN DENIED, DATE _____

Reasons for denial:

THE PULLED MOBILE FOOD TRUCK HAS PASSED ALL REQUIRED CITY OF LANCASTER
INSPECTIONS INCLUDING FIRE MARSHALS,

DATE _____

PULLED MOBILE FOOD TRUCK PERMIT APPROVED, DATE _____

PULLED MOBILE FOOD TRUCK PERMIT DENIED, DATE _____

Reasons for denial:

LICENSED APPROVED, DATE _____

LICENSE DENIED, DATE _____

Reasons for denial:

APPROVING/DENYING HEALTH OFFICER: _____

PULLED MOBILE FOOD TRUCK APPROVAL SHEET

Name of Food Truck _____

Kim Wissler ☐ Approve ☐ Disapprove

☐

Disapprove

Date _____

Chris Delfs ☐ Approve ☐ Disapprove

☐

Disapprove

Date _____

Reasons for Disapproval: _____

Conditions for Approval: _____
