

DATE: \_\_\_\_\_

ACCT #: \_\_\_\_\_



# CITY OF LANCASTER

## CITY OF LANCASTER HEALTH BUREAU

### APPLICATION FOR MOBILE FOOD TRUCK

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 BUREAU  
ALONG WITH PHOTOS OF THE REQUESTED UNIT (BOTH INTERIOR AND EXTERIOR) 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:  Mobile Food Truck

**PLEASE SELECT ANY THAT APPLY:**

- New Mobile Food Truck
- Remodel of an Existing Mobile Food Truck
- Change of Business Name
- Other, Describe \_\_\_\_\_
- Change of Ownership for an Existing Mobile Food Truck
- Change of Food or Operation type for an Existing Mobile Food Truck

#### 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)**

**MOBILE FOOD TRUCK DESIGN & EQUIPMENT LIST**

This plan must include the basic lay out of the food truck, 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)**

**MOBILE FOOD TRUCK SERVICE INFORMATION**

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

Monday Time \_\_\_\_\_  
 Tuesday Time \_\_\_\_\_  
 Wednesday Time \_\_\_\_\_  
 Thursday Time \_\_\_\_\_

Friday Time \_\_\_\_\_  
 Saturday Time \_\_\_\_\_  
 Sunday Time \_\_\_\_\_

If intended to operate on a predetermined route or schedule, provide a description and map of the proposed route of the mobile food truck, or the regularly scheduled locations and times the mobile food truck 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 mobile 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](http://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 mobile food truck design/plan, business plan (required for any new 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.

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**Signature, Title**

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**Date**

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

**HEALTH BUREAU CHIEF, KIM WISSLER: 717-291-4714  
HEALTH 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

## **PERMITTED AREAS OF OPERATION**

1. No mobile food trucks will be permitted to operate on a public street or public property in the Central Business Core (CB1) and Central Business (CB) zoning districts between the hours of 10:00 am and 7:00 pm Monday through Saturday, except in those locations or other days and hours which may be designated by the Committee. Mobile food trucks may operate in these two districts between the hours of 7:00 am to 10:00 am and 7:00 pm to 1:00 am, abiding by all other rules and regulations provided herein and as promulgated by the Committee.
2. No mobile food truck may operate within the Central Business Core (CB1), Central Business (CB), Central Manufacturing (CM), Commercial Regional (C3) and Suburban Manufacturing (SM) zoning districts between the hours of 1:00 am and 7:00 am.
3. No mobile food truck may operate within all other zoning districts between the hours of 9:00 pm and 8:00 am, unless permitted for different hours for a special event managed by MOOSE or as established by the Committee.
4. No mobile food truck is permitted to park or stop to serve customers within 250 feet of any principal customer entrance to any restaurant or food establishment serving similar food products within the City, or 250 feet from any permitted food vending cart location.
5. No mobile food truck may park in any City permitted residential parking areas longer than two hours, or the maximum permitted period for parking in any one block, whichever is less.
6. No operator of a mobile food truck shall park, stand, or move a vehicle and conduct business within areas of the city where the permit holder has not been authorized to operate.
7. Mobile food trucks are permitted to park and serve customers on private property within the Central Business Core (CB1) and Central Business (CB) zoning districts, if given express written consent of the property owner and such written consent is kept in the mobile food truck at all times when the vehicle is operating on the property.
8. Mobile food truck operations on private property in all other zoning districts shall be governed by the City of Lancaster Zoning Ordinance.
9. On school days from 7:00 am to 4:00 pm, no mobile food truck may operate within 500 feet of the grounds of any building used as a public kindergarten, elementary school or secondary school.

## **FEES**

**(All fees are due and payable prior to operating a mobile food truck)**

<b>Application Fee:</b>	<b>\$100.00</b>
<b>Annual Health License Fee:</b>	<b>\$190.00</b>
<b>Annual Mobile Food Truck Operating Permit:</b>	<b>\$90.00</b>

**OFFICIAL USE ONLY**

**APPROVALS:**

**MOBILE FOOD TRUCK HAS PASSED ALL NECESSARY INSPECTIONS REQUIRED BY THE COMMONWEALTH OF PENNSYLVANIA, DATE \_\_\_\_\_**

**MOBILE FOOD TRUCK INTERIOR DESIGN APPROVED, DATE \_\_\_\_\_**

**MOBILE FOOD TRUCK INTERIOR DESIGN DENIED, DATE \_\_\_\_\_**

**Reasons for denial:**

\_\_\_\_\_  
\_\_\_\_\_

**MOBILE FOOD TRUCK HAS PASSED ALL REQUIRED CITY OF LANCASTER INSPECTIONS INCLUDING FIRE MARSHALS, DATE \_\_\_\_\_**

**MOBILE FOOD TRUCK PERMIT APPROVED, DATE \_\_\_\_\_**

**MOBILE FOOD TRUCK PERMIT DENIED, DATE \_\_\_\_\_**

**Reasons for denial:**

\_\_\_\_\_  
\_\_\_\_\_

**LICENSED APPROVED, DATE \_\_\_\_\_**

**LICENSE DENIED, DATE \_\_\_\_\_**

**Reasons for denial:**

\_\_\_\_\_  
\_\_\_\_\_

**APPROVING/DENYING HEALTH OFFICER: \_\_\_\_\_**



# MOBILE FOOD TRUCK APPROVAL SHEET

Name of Mobile Food Truck \_\_\_\_\_

**Kim Wissler**       Approve                       Disapprove

\_\_\_\_\_    \_\_\_\_\_  
Signature    Date

**Chris Delfs**       Approve                       Disapprove

\_\_\_\_\_    \_\_\_\_\_  
Signature    Date

**Reasons for Disapproval:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Conditions for Approval:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_