



## City of Allentown Mobile Vendor Instructions

### INSTRUCTIONS

1. Call the Allentown Health Bureau at 610-437-7599 to discuss your mobile food vending plan. During this consultation, be prepared to discuss where you would like to operate and your familiarity with health regulations. If you need business planning assistance, contact Community Action Development Corporation of Allentown (CADCA) Start Your Own Business Program, 610-433-5703.
  - a. Private Property: If you plan to operate on private property, you must receive approval from the property owner and the Zoning Office. You must submit a letter from the property owner authorizing you to operate on their property. You may be required to submit a Zoning Permit Application and a \$100 application fee.
2. Complete and submit the following applications. **Only completed applications will be accepted.**
  - a. Application for Annual License to Operate a Mobile Food Facility or a Mobile Facility Application if proposing to sell items other than food. Initial one-time non-refundable application fee is \$50.
  - b. In-City Business Registration Questionnaire (BRQ) (Business License) (Revenue, 2<sup>nd</sup> Floor)
3. You will be contacted when a decision has been made about your application.
  - a. If your application is approved, a Sanitarian will contact you to review any outstanding fees and/or requirements, and to schedule an opening inspection. The following fees are required at the time of approval. An opening inspection cannot be conducted, and no licenses will be issued until all fees are submitted.
    - 1) **\$250 for the Mobile Vendor License**
    - 2) **\$275 for the Mobile Food Facility License**
    - 3) **\$35 for the Business License Application**
  - b. If your application is denied, a letter will be sent explaining why your application was denied. You may submit an amended application for reconsideration.

### LICENSE DISPLAY

If your application is approved, you must display all three of your licenses in your mobile vending unit:

- 1) Business License
- 2) Mobile Vendor License
- 3) Mobile Food Facility License



## City of Allentown Mobile Vendor Instructions

### LICENSE RENEWAL

All three licenses must be renewed on an annual basis for Mobile Food Vendors. Mobile Vendors selling items other than food are required to renew only 1 and 2 on an annual basis.

- 1) Business License
  - Annual Fee: \$35
  - Licenses are valid within the calendar year they are received
- 2) Mobile Vendor License
  - Annual Fee: \$250
  - Licenses are valid within the calendar year they are received
- 3) Mobile Food Facility License
  - Annual Fee: \$250 operational and license renewal fee
  - Licenses are valid for 12 months from the time the license is issued

### MOBILE FOOD VENDOR LICENSING INVOLVES APPROVAL FROM THE FOLLOWING OFFICES:

- Health Bureau, City Hall, 4<sup>th</sup> Floor, (610) 437-7759
  - Compliance with the FDA Model Food Code
- Zoning, City Hall, 4<sup>th</sup> Floor, (610) 437-7630
  - Location on private property, parking spaces, hours of operation
- Business Development Office, City Hall, 3<sup>rd</sup> Floor, (610) 437-7610
  - Location regulations defined in the Street and Sidewalk Vendor Ordinance, Lease agreements, insurance, and permission statements for sidewalk vending (if required).
- Revenue and Audit, City Hall, 2<sup>nd</sup> Floor, (610) 437-7501
  - Business Registration Questionnaire
- Engineering, 641 S. 10<sup>th</sup> St., 3<sup>rd</sup> Floor, (610) 437-7574
  - Location on public property/sidewalks, Encroachment, Right of way issues
- Building Standards, City Hall, 4<sup>th</sup> Floor, (610) 437-7592
  - Installation of electrical or water connections

**\*\*Specific questions must be directed to the appropriate office.**



## City of Allentown Mobile Vendor Instructions

### **All Mobile Vendors:**

- Must keep their Mobile, Health and Business License in sight of customers and City Inspectors.
- Must maintain proper waste disposal and recycling according to City ordinances.
- All food vending from mobile food vending unit must be done ON THE VEHICLE. All equipment, food storage and preparation must be done ON THE VEHICLE. It is not permitted to remove food items from the vehicle to sell from a table under a free-standing canopy. Only mobile food vendors that sell whole, uncut produce are exempt from this rule.
- May not obtain electrical power which requires investment until mobile vendor application is approved and appropriate permits obtained from Building Standards.
- May not operate until all approvals are obtained through the City of Allentown.

### **Mobile Sidewalk Vendors:**

- May not operate in a residential neighborhood.
- May not set up signs, chairs, tables, and other items that block the pedestrian right of way.
- Must remain 50 feet from other food vendors.
- Must remain 50 feet from an operating restaurant.
- Must have approved locations by City of Allentown.
- Must have signed permission by the closest property owner to operate at address.
- May not operate on City Streets.

### **Mobile Vendors on Private Property:**

- Parking a mobile vending unit on private property is permitted if notarized written permission is given from property owner. Evidence of agreement must be provided with application. The property must be in one of the following business districts: B1R, B2, B3, B4, B5 or BLI. Zoning information can be found by searching the address through [www.lehighcounty.org/Departments/Assesment-Home/Search-Records](http://www.lehighcounty.org/Departments/Assesment-Home/Search-Records).
- Must have proper parking required by Zoning Department.
- Any permanent signage must be approved by the Zoning Department.

### **Motorized Vendors on City Streets:**

- May not park in residential neighborhoods.
- May not park at parking meters or other time restricted areas.
- May not park in City Parks and other City controlled properties.
- May not park within 100 yards of a school.
- Must remain 50 feet from an operating restaurant.
- A 12-foot driving lane must always be maintained.
- Mobile Vendors are prohibited from locations:
  - Within 100 feet of any property used for school purposes during school hours
  - Within a City Park, on a street adjacent to a City Park or bordering a City Park
  - On a publicly owned parking lot or metered or controlled parking space
  - On any sidewalk less than six feet in width; a four-foot walking surface is always required.
  - Within 15 feet of any bus stop zone
  - Within 15 feet of a pedestrian crosswalk or intersection
  - Within 15 feet of a handicapped parking space

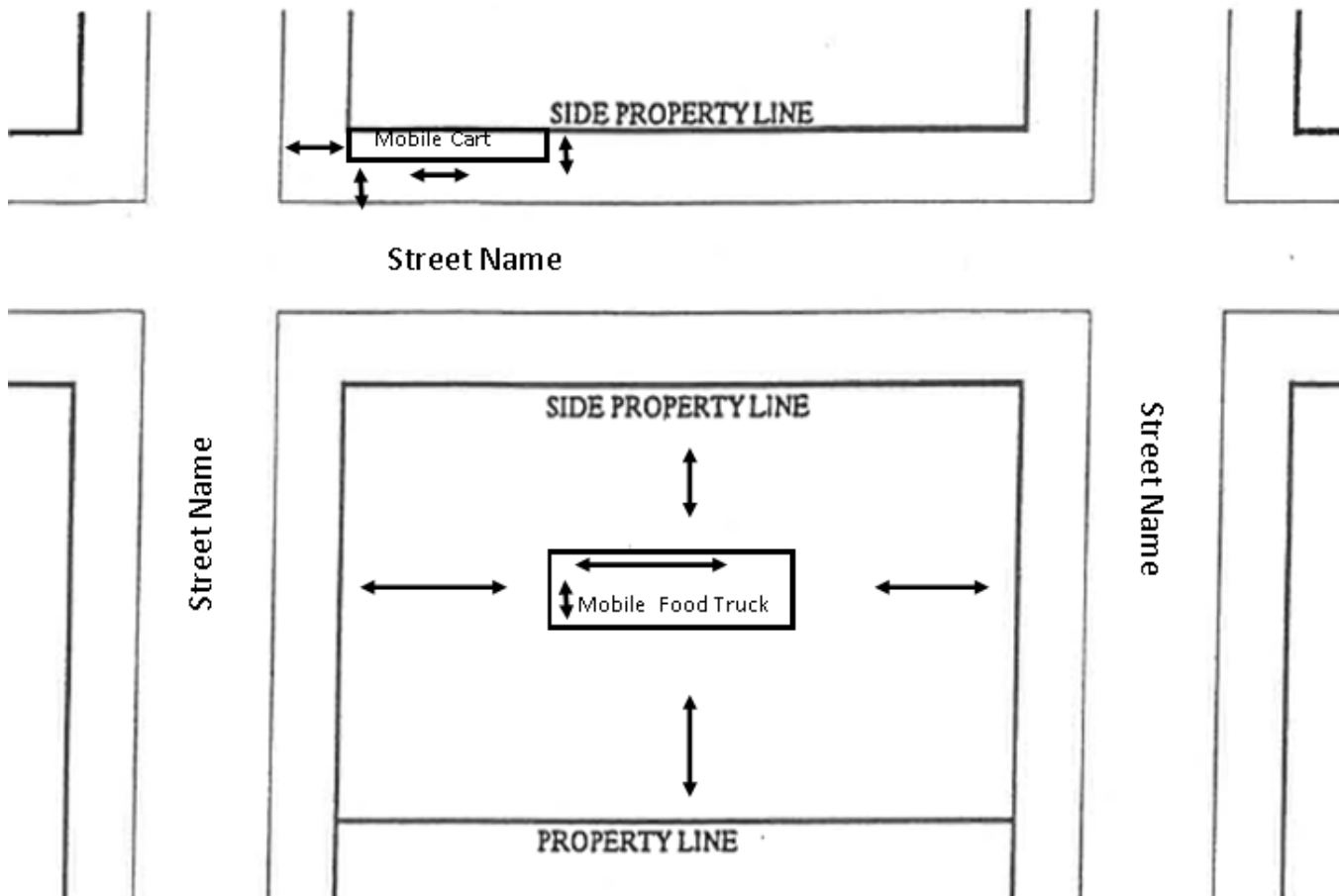


## City of Allentown Mobile Vendor Instructions

### Site Sketches must include:

- The dimensions of the mobile food truck or cart.
- The exact location of the mobile food truck or mobile cart on the property.
- The distance of the of the mobile food truck or mobile cart from all property lines and structures.
- The sidewalk space taken up by a mobile cart and width of the pedestrian walk-way.
- Electrical or water source connections if applicable.

See the Sample Site Sketch below.





**Bureau of Health  
Environmental Health Services**  
435 Hamilton St., 410 City Hall  
Allentown, PA 18101  
Office: (610) 437-7759  
FAX: (610) 439-5946

# City of Allentown

## APPLICATION FOR ANNUAL LICENSE TO OPERATE A MOBILE FOOD FACILITY

**INSTRUCTIONS:** Send the **COMPLETED** application, the total fee indicated and all required documents to the *Allentown Health Bureau, Environmental Health Services, 410 City Hall, 435 Hamilton St., Allentown, PA 18101*. **A late fee of \$35.00 per month will be charged for overdue licenses.** Make check or money order payable to the *City of Allentown*. **DO NOT SEND CASH.** Call (610) 437-7759 if you have any questions. **A license will not be issued until the license application is fully completed and the facility complies with all applicable regulations.**

### TYPE OF MOBILE VENDOR

- Multiple locations throughout the day
- Stationary Location
- Special Events Only

### Proposed Vending Addresses:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Private Property:** If you plan to operate on private property, you may be required to submit a **Zoning Permit Application** and a **\$100 application fee** and provide a letter from the property owner granting permission.

**Except for Special Events Only, a Mobile Vendor License is Required. For Mobile Vendor License Applications, you must include the following documents with your application:**

1. Blueprints or a hand-drawn diagram of your mobile vending vehicle/cart with an equipment list and photos.
2. Site plan showing stationary location of the mobile unit at each address (w/ electrical/water connection if applicable).
3. Letter from property owner authorizing use of location (if vending on private property).
4. Letter of permission for vending in front of a store front (if vending on a sidewalk in front of a business).
5. Photo identification of owner/operator.
6. Proof of liability insurance coverage (\$1,000,000) that lists the City of Allentown as additionally insured and separate, current motor vehicle insurance.
7. Mobile Vendor Application fee \$50 (non-refundable, one-time fee).

**For Special Events Only, you must include #1, #5 and #6 from the above list with your application.**

| SECTION A – MOBILE UNIT INFORMATION |                |
|-------------------------------------|----------------|
| Name                                | _____          |
| Address                             | _____<br>_____ |
| Phone ( )                           | _____          |
| Emergency # ( )                     | _____          |

| SECTION B – OWNER INFORMATION                                   |   |
|---|---|
| 1. Type of Ownership:   | _____ Corporation    _____ Partnership    _____ Sole Proprietor<br>_____ LLC                    _____ Non-Profit    _____ Other |
| 2. Sole Prop. Name  | _____   |
| 3. Partner's Name(s)  | _____   |
| 5. CEO Name/Title   | _____   |
| 6. Business Address   | _____<br>_____<br>_____   |
| 7. Phone ( )  | _____   |
| 8. Where should all future correspondence be mailed? Check one: | _____ Commissary Address in Section C<br>_____ Business Address in Section B  |
| 9. EMAIL ADDRESS  | _____   |

| SECTION C – COMMISSARY/DEPOT INFORMATION |                |
|--|----------------|
| Facility Name                            | _____          |
| Address                                  | _____<br>_____ |
| Phone ( )                                | _____          |
| Operator or Manager                      | _____          |

**Operational Information**

1. Number of employees: \_\_\_\_\_ 2. Proposed days and hours of operation: \_\_\_\_\_

3. Certified Food Employee(s):

Employee Name: \_\_\_\_\_ Course: \_\_\_\_\_ Certificate No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Employee Name: \_\_\_\_\_ Course: \_\_\_\_\_ Certificate No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

4. List of menu items (or submit a copy of the menu with your application): \_\_\_\_\_  
 \_\_\_\_\_

5. What type of power source will be used?  Generator  Plug-in electrical connection

If using a generator, it must comply with the decibel levels listed below. Provide a specification sheet or make/model #: \_\_\_\_\_

| Receiving Land Use  | Sound Level Limit<br>7:00 A.M. – 10:00 P.M. | Sound Level Limit<br>10:00 P.M. – 7:00 A.M. |
|---|---|---|
| Residential (Zones R-H, R-MH,R-M, R-ML, R-L, R-LC)          | 57  | 52  |
| Parks and Institutional and Governmental (Zone P-1 and I-G) | 67  | 62  |
| Institutional and Governmental (Zone I and G)               | 67  | 62  |
| Business (Zones B-1, B-2, B-3, B-4)                         | 67  | 62  |
| Industrial (Zones I-1, I-2, I-3)                            | 77  | 77  |

If using a plug-in electrical connection, detail the location of the connection on the site plan.

6. Motor vehicle information must be provided if a motor vehicle is used in the operation of the business:

Motor vehicle registration #: \_\_\_\_\_ Operator Name: \_\_\_\_\_  
 Motor Vehicle License Plate # \_\_\_\_\_ Operator Driver's License # \_\_\_\_\_

7. Is your commissary located outside the City limits of Allentown?  Yes  No

If yes, you must provide a copy of the annual Health license and the most recent inspection report.

8. Mobile Vendors are required to move their vehicles or carts at least every 24 hours. Provide the location where the vehicle or cart will be stored when not in operation: \_\_\_\_\_

Note: Falsification of any statement made herein is an offense punishable by a fine or imprisonment or both. After your application is approved, you will be required to pay a \$250 annual license fee prior to receiving your license tag.

Application is hereby made for a license to operate a mobile food unit. By this application, I agree that the mobile unit will comply with all applicable ordinances and regulations including the requirement that I **contact the Allentown Health Bureau prior to making any changes to my mobile food unit.** It is further agreed that said mobile unit shall be available for inspection by the Allentown Health Bureau. I also understand that the license issued in **NOT TRANSFERABLE.** I hereby certify that I have applied for a sales and use tax license or exemption from the PA Department of Revenue as of the date of this application understanding that any false representation is subject to penalty under 18 PA. C.S. §4903 and §4904.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

| Food & Mobile Vendor Fees                       |          |
|---|----------|
| <b>Mobile Food Facility</b>                     |          |
| New Operational/License Fee (due upon approval) | \$275.00 |
| Renewal Operational/License Fee (due annually)  | \$250.00 |
| <b>Subtotal</b>                                 |          |
| <b>Mobile Vendor Fees</b>                       |          |
| Application (one-time non-refundable payment)   | \$50.00  |
| License Fee- per unit (due upon approval)       | \$250.00 |
| Renewal Operational Fee (due annually)          | \$250.00 |
| N/A – (Special Event Mobiles Only)              | ----     |
| <b>Subtotal</b>                                 |          |
| <b>TOTAL</b>                                    |          |

| Application Fee Receipt  |
|--|
| Amount Rec'd <u>\$50.00</u> Date _____ Rec'd By _____<br><input type="checkbox"/> N/A (Special Event Mobiles Only) |

| License & Operational Fee Receipt          |
|--|
| Amount Rec'd: _____ Expiration Date: _____ |
| Date Rec'd: _____ Approved By: _____       |
| Health License# Issued: _____ Date: _____  |
| Business License #: _____ MVL: _____       |

| Food Handling  |          |    |   |            |
|--|----------|----|---|------------|
| Procedures   | Yes / No |    | If Yes, Where Will Procedure Take Place |            |
|  |          |    | Mobile                                  | Commissary |
| Washing fruits and/or vegetables   | Yes      | No |   |            |
| Thawing frozen foods   | Yes      | No |   |            |
| Food preparation - chopping, par-cooking, marinating, etc.   | Yes      | No |   |            |
| Cooking food   | Yes      | No |   |            |
| Cooling food   | Yes      | No |   |            |
| Reheating food   | Yes      | No |   |            |
| Refrigeration (cold holding) of foods  | Yes      | No |   |            |
| Steam table or other way of hot holding food   | Yes      | No |   |            |
| How will you thaw frozen foods: _____  |          |    |   |            |
| Explain what you will do with leftover foods: _____  |          |    |   |            |
| Will raw or undercooked animal products be served?    Yes    No  |          |    |   |            |
| If yes, list the specific animal products that will be served raw or undercooked (example: eggs, ground beef): _____ |          |    |   |            |
| Explain other procedures that you will be doing that have not been listed previously:                                |          |    |   |            |

| Refrigerator/Freezer Capacity   |          |    |                    |            |
|---|----------|----|--------------------|------------|
| Unit Type   | Yes / No |    | Make/Model of Unit | # of units |
| Reach in refrigerator (under counter)                                       | Yes      | No |                    |            |
| Refrigerator (stand up)   | Yes      | No |                    |            |
| Prep top sandwich refrigerator  | Yes      | No |                    |            |
| Reach-in freezer (under counter)  | Yes      | No |                    |            |
| Freezer (stand up)  | Yes      | No |                    |            |
| Fridge/Freezer (stand up)   | Yes      | No |                    |            |
| Other cold holding storage  | Yes      | No |                    |            |
| Do you have thermometers inside each refrigerator and freezer:    Yes    No |          |    |                    |            |

| Hot Holding Units         |          |    |                    |            |
|---------------------------|----------|----|--------------------|------------|
| Unit Type                 | Yes / No |    | Make/Model of Unit | # of units |
| Steam Tables              | Yes      | No |                    |            |
| Other Hot Holding Storage | Yes      | No |                    |            |

| Material List   |          |        |       |         |
|---|----------|--------|-------|---------|
| Material Type   | Counters | Floors | Walls | Ceiling |
| Fiber-reinforced plastic (FRP)  |          |        |       |         |
| Stainless Steel   |          |        |       |         |
| Vinyl   |          |        |       |         |
| List other construction materials used: _____   |          |        |       |         |
| Are windows and/or doors screened:    Yes    No            If no, how will you control for pest problems? |          |        |       |         |
| _____   |          |        |       |         |

| Plumbing Fixtures                           |          |  |                            |
|---|----------|--|----------------------------|
| Three-compartment sink                      | Yes   No | Food preparation sink with indirect plumbing | Yes   No                   |
| Indirect plumbing on three-compartment sink | Yes   No |  |                            |
| Grease trap                                 | Yes   No | Backflow prevention device                   | Yes   No                   |
| Handwashing sink                            | Yes   No | Mechanical pump                              | Yes   No                   |
| Hot & cold water                            | Yes   No | Hot water heater                             | Yes   No<br>Gallons? _____ |

| Three-Compartment Sinks/Dishwashing   |       |       |                        |
|---------------------------------------|-------|-------|------------------------|
| Dimensions of Interior of Sink Basins |       |       | How many drain boards? |
| Length                                | Width | Depth |                        |
|                                       |       |       |                        |

Where will washing of equipment and utensils take place:     Mobile Unit 3-Bay Sink     Commissary

To determine the minimum amount of water that must be dedicated for dishwashing purposes, you need to calculate the capacity of your three-compartment sink. Measure the inside of the three-compartment sink basin in inches, then multiply Length x Depth x Width = \_\_\_\_/231 x 6 = \_\_\_\_ gal. This is the minimum amount of water that must be provided for dishwashing.

For example: If sinks are 10 x 10 x 14/231 x 6 = 36 gallons.

| Wastewater Tank – Must be 15% Greater than Fresh Water Tank                                 |       |       |                     |
|---|-------|-------|---------------------|
| Dimensions of Wastewater Tank (in inches)   |       |       |                     |
| Length  | Width | Depth | Capacity in gallons |
|   |       |       |                     |
| Tank Location:  |       |       |                     |
| _____   |       |       |                     |
| How will the wastewater be removed and where will it be disposed from your wastewater tank? |       |       |                     |
| _____   |       |       |                     |



# CITY OF ALLENTOWN – BUREAU OF HEALTH

## MOBILE FOOD FACILITY GUIDELINES

### **GENERAL**

All mobile food facilities shall comply with these guidelines and requirements of the City of Allentown Food Service Sanitation Ordinance #14189, the PA Retail Food Facility Safety Act and FDA Model Food Code.

A Mobile Food Vendor Application Packet, including license application and fee, must be submitted to and approved by the Bureau of Health prior to operation.

All mobile food vendors are required to have a commissary or depot. Commissaries are licensed food facilities, while depots are businesses that provide potable water and sanitary sewer drains. A commissary is required when additional storage, food preparation or cleaning facilities are needed beyond the capacity of the mobile food facility. A copy of the most recent inspection report for the commissary is required to be submitted with your application. A depot is permitted if the food truck is self-contained and only requires potable water fills and sanitary sewer drains. A depot cannot be a residential home.

### **CONSTRUCTION**

#### **Physical Facilities**

**All units must comply with the Food Service Sanitation Ordinance and FDA Model Food Code**

1. Enclosed Vehicles such as trailers and trucks on which food is prepared
  - All materials used in construction of a mobile food facility shall be durable, corrosion-resistant and nonabsorbent.
  - Floors, walls and ceilings must be smooth and easily cleanable.
  - The unit must be fully enclosed and have tight-fitting windows and doors.
  - Windows or doors intended to be open for ventilation or food service shall be protected by 16-mesh screens, air curtains or other effective means to protect against insects, rodents, dust, inclement weather or other possible contamination.
2. Carts or no-prep open lunch trucks
  - All materials used in construction of a mobile food facility shall be durable, corrosion-resistant, and nonabsorbent.
  - Food must be protected by lidded or otherwise covered or enclosed compartments or storage areas. Overhead protection of the food and equipment on the unit must be provided to protect against inclement weather. For carts, this can be an umbrella mounted to the cart; for lunch trucks raised side panels that function as awnings. Severe weather may dictate that food service must temporarily cease.
  - Certain limiting conditions may eliminate the need for enclosure (e.g., a pushcart operated inside a building). This determination will be made solely by the Bureau of Health.

#### **Water Supply**

- Water shall be potable and obtained from an approved source.
- Hot (110°F) and cold running water under pressure shall be provided and functional when the vehicle is mobile or stationary.
- This water system must be closed from the filling inlet to the discharge outlet.
- Materials used in construction of a water tank system shall be of safe material, durable, corrosion-resistant, nonabsorbent, and easily cleanable.
- The water-filling inlet must be designed to protect from contamination and be provided with a hose connection of different size and type from the waste retention-tank flushing connection.
- Separate hoses must be used for filling the water tank and flushing the retention tank. The supply hose must be ANSI food grade hose stored in a sanitary manner.
- The water storage tank shall have a minimum capacity of one day's use (minimum 3 gallons).
- Back flow/back siphonage devices must be installed at the supply connection.

## Sewage and Wastewater

- A liquid waste retention tank must be provided that is at least 15% larger in capacity than the water supply tank.
- All wastewater must be disposed of in a sanitary sewage system. Wastewater shall not be discarded on the ground or into a storm water drain.

## Dishwashing Facilities

- Adequate dishwashing facilities must be provided to wash and sanitize equipment that is soiled or contaminated. This shall consist of a three-compartment sink set up to accomplish a wash-rinse-sanitize-air-dry method of dishwashing. Where only utensils such as spatulas or tongs are used, and only stationary equipment must be cleaned, a two-compartment sink may be approved at the sole discretion of the Bureau of Health.
- When all food is commercially packaged and served unopened, dishwashing facilities are not required.

## Handwashing Facilities

- The mobile food facility must have a handwashing sink with hot and cold running water under pressure.
- The handwashing sink must be provided with soap, single-use paper towels and a waste receptacle.
- When all food is commercially packaged and served unopened, the hand sink requirement may be waived at the sole discretion of the Bureau of Health.

## Equipment

- All equipment shall meet the design and construction requirements as specified in the Food Service Sanitation Ordinance (NSF or equivalent).
- All equipment shall be installed in accordance with all applicable code requirements for construction and fire safety.
- All equipment must be adequate for its intended use, well maintained and easily cleanable.
- Mechanical refrigeration units are required and must be capable of holding product at 41°F or below, and must be supplied with an accurate thermometer. For carts with menus limited to hot dogs, an insulated cooler may be used in lieu of refrigeration if the hot dogs are packaged and frozen.
- Cooking equipment must be capable of cooking foods to the appropriate temperature.
- Hot holding units must be capable of holding foods at 135°F or above.

## Refuse

- A leak-proof trash container with a tight-fitting lid must be provided.

## OPERATION

### Food

- All food shall be clean, wholesome, free from spoilage and adulteration, and safe for human consumption.
- All food shall be from approved, licensed/registered sources. **Foods prepared or canned in private homes are strictly prohibited.**
- **Food shall be protected from sources of contamination at all times.** Foods must be placed in protected locations during storage, preparation, cooking, serving or display. Food must be stored off the ground and covered to protect it from contamination, use plastic wrap, foil or lidded containers; do not use cloth to cover food.
- Raw fruits and vegetables must be thoroughly washed before preparation.
- **Potentially hazardous foods** such as meat, poultry, fish and dairy products must be kept **below 41°F or above 135°**. Adequate mechanical refrigeration and /or hot holding equipment must be provided.

- Potentially hazardous foods must be cooked to heat all parts of the food to a minimum internal temperature of **at least 145° except:**
  - **Ground meats** (beef, pork, veal, lamb, sausage) must be cooked to **at least 155°F.**
  - **All poultry** (including ground poultry) and stuffings must be cooked to **at least 165°F.**
  - **Roasts** (beef, pork, ham) must be cooked to **at least 130°F for 112 minutes or 158°F for 1 second.**
  - **Fruits and vegetables** must be cooked to **at least 135°F.**
  - Use a metal stem probe thermometer to check food temperatures.
- All ice must come from approved sources and shall be stored in closed containers approved for food storage.
- Ice used for food and drink storage may not be used in drinks or as ingredients in food.
- Foods and drinks stored in ice must be in packaging that will not leak, such as sealed cans, bottles or plastic containers with tight-fitting lids.

### Handwashing and Employee Hygiene

- Hands must be washed before starting work, when changing gloves, after smoking or going to the toilet, and as often as necessary to remove any contamination.
- No bare hand contact with ready-to-eat food is permitted. Use disposable gloves or clean utensils. Change gloves between tasks and when gloves become soiled.
- All food handlers must wear clean clothes, hair restraints and maintain a high degree of personal cleanliness. No smoking is permitted in the mobile food facility, or by the operator when engaged in any food service activity (e.g., loading, serving foods).

### Dishwashing and Cleaning

- All food contact surfaces such as cutting boards, worktables, utensils and food preparation equipment must be cleaned and sanitized after each use.
- Approved sanitizer at adequate strength must be used for sanitizing as the 3<sup>rd</sup> step in dishwashing and for sanitizing food contact surfaces.

### Supervision

- A **Person-in-charge** shall be present at all times and is responsible for overseeing food handling practices and staff hygiene, as well as excluding and restricting ill staff. No person can work as a foodhandler if they have a disease which can be transmitted by foods, or have symptoms of vomiting, diarrhea, jaundice, or fever, or have boils, infected wounds or sores on hands or arms.
- At least one employee shall have a current **Food Employee Certification** issued by the PA Department of Agriculture. A copy of the certificate must be present at the temporary facility. Non-profit organizations (churches, youth leagues, civic associations, etc.) are exempt from this requirement.

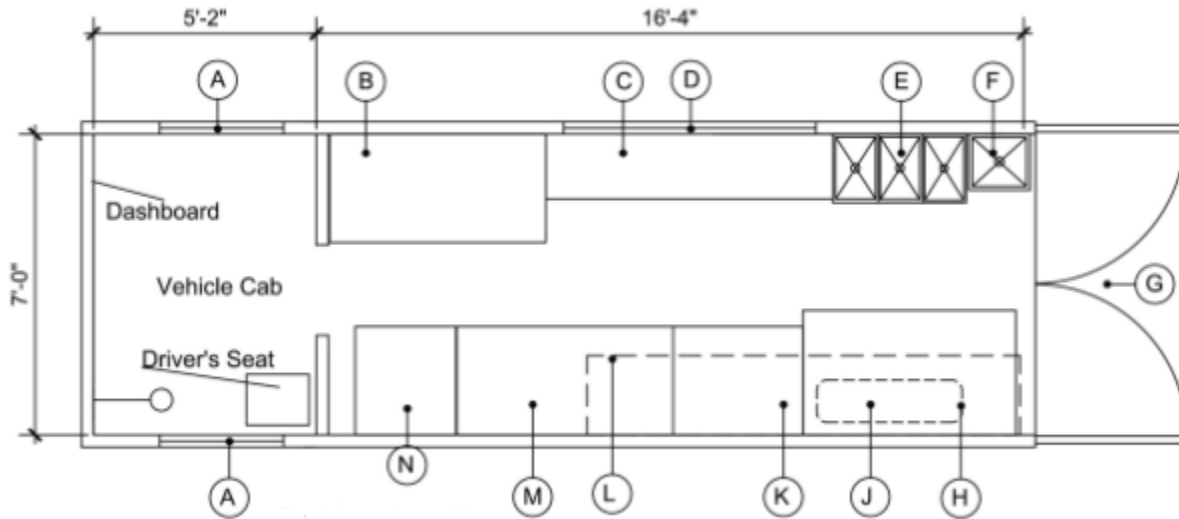
### Mobile Food Vehicle/Cart Diagram

- Diagram or drawing of the mobile food vending vehicle/cart must include:
  - An equipment list of all food service equipment including both stationary and portable pieces. (refrigerators, freezers, fryers, grills, bain maries, ice bins or machines, microwaves etc.)
  - The handwash sink and 3-bay sink.
  - Location and size of hot water heater, clean water tank and wastewater tank. This can be detailed as a separate Water System Diagram (see sample).

**Sample Diagrams are on the next 2 pages.**

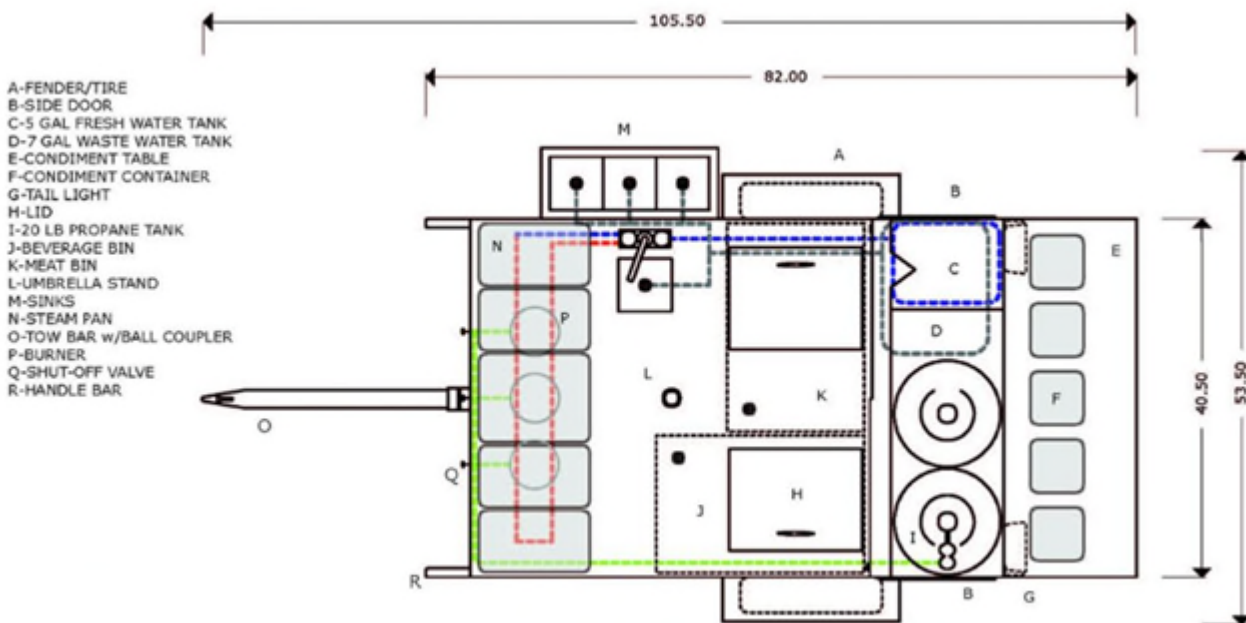
The Bureau of Health may impose additional requirements or modify or waive requirements at its discretion. If you have any questions contact the Allentown Health Bureau at (610) 437-7759.

### Sample Food Truck Diagram with Equipment List:



| EQUIPMENT SCHEDULE |  |
|--------------------|--|
| A                  | 36"W X 74"H SLIDING DOOR                                   |
| B                  | LOW BOY-Make:Avantco Tabco,Model:SS-PT60 60"               |
| C                  | STAINLESS COUNTER  |
| D                  | 70" W X 36"H PASS-THRU WINDOW                              |
| E                  | 3-COMPARTMENT SINK   |
| F                  | HAND SINK  |
| G                  | 42"W X 81-6"H DOUBLE DOOR                                  |
| H                  | PROPANE TANK   |
| J                  | BURNER W/GRIDDLE & OVEN<br>Make: Garland, Model:G60-4G36RR |
| K                  | STEAM TABLE-Make:Advance Tabco, Model:HF-3G                |
| L                  | 10 FT TYPE-1 KITCHEN HOOD                                  |
| M                  | PREP TABLE-Make:Advance Tabco,Model:CB-SS-245M             |
| N                  | FRIDGE-Make:Turbo Air, Model:M3R19-1 25" M3                |

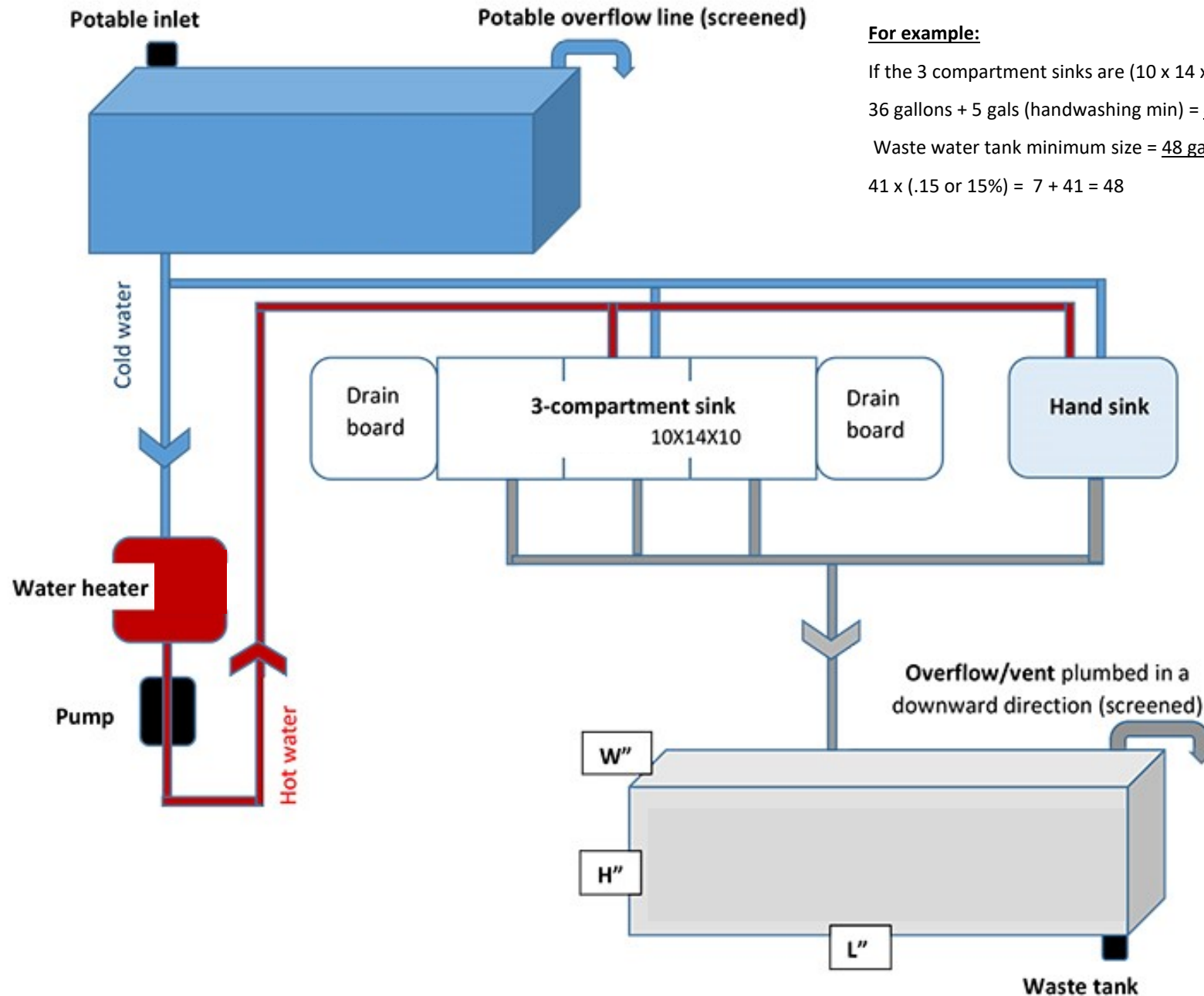
### Sample Food Cart Diagram with Equipment List:



|   |                        |
|---|------------------------|
| A | FENDER/TIRE            |
| B | SIDE DOOR              |
| C | 5 GAL FRESH WATER TANK |
| D | 7 GAL WASTE WATER TANK |
| E | CONDIMENT TABLE        |
| F | CONDIMENT CONTAINER    |
| G | TAIL LIGHT             |
| H | LID                    |
| I | 20 LB PROPANE TANK     |
| J | BEVERAGE BIN           |
| K | MEAT BIN               |
| L | UMBRELLA STAND         |
| M | SINKS                  |
| N | STEAM PAN              |
| O | TOW BAR w/BALL COUPLER |
| P | BURNER                 |
| Q | SHUT-OFF VALVE         |
| R | HANDLE BAR             |

# Sample Water System Diagram

To determine the minimum amount of water that must be dedicated for dishwashing purposes, you need to calculate the capacity of your three-compartment sink. Measure the inside of the three-compartment sink basin in inches, then multiply **Length x Depth x Width = \_\_\_/231 x 6 = \_\_\_ gal**. This is the minimum amount of water that must be provided for dishwashing. Additionally, a minimum amount of water required for handwashing is **5 gallons**. The waste water tank must be 15% larger than the clean water tank.



**For example:**

If the 3 compartment sinks are (10 x 14 x 10) / 231 x 6 = 36 gallons.

36 gallons + 5 gals (handwashing min) = 41 gal min. clean water tank.

Waste water tank minimum size = 48 gallons minimum

41 x (.15 or 15%) = 7 + 41 = 48



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

|  |   |
|--|---|
| <b>PRODUCER</b><br>Veracity Insurance Solutions, LLC.<br>260 South 2500 West, Suite 303<br>Pleasant Grove UT 84062 | <b>CONTACT NAME:</b> _____  |
|  | <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No.):</b> _____<br><b>E-MAIL ADDRESS:</b> _____ |
| <b>INSURE R(S) AFFORDING COVERAGE</b>  |   |
| <b>INSURER A:</b> Great American Alliance Insurance Co.  | <b>NAIC #</b> 26832   |
| <b>INSURER B:</b> _____  |   |
| <b>INSURER C:</b> _____  |   |
| <b>INSURER D:</b> _____  |   |
| <b>INSURER E:</b> _____  |   |
| <b>INSURER F:</b> _____  |   |

**INSURED**

MOBILE VENDOR NAME  
 MOBILE VENDOR ADDRESS

**COVERAGES**                      **CERTIFICATE NUMBER:** \_\_\_\_\_                      **REVISION NUMBER:** \_\_\_\_\_

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | ADDL SUBR INSR WVD                  | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-------------------------------------|---------------|-------------------------|-------------------------|--|
| A        | <b>GENERAL LIABILITY</b>  |                                     |               |                         |                         | EACH OCCURRENCE \$ 1,000,000                         |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  | <input checked="" type="checkbox"/> |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  |                                     |               |                         |                         | MED EXP (Any one person) \$ 5,000                    |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                                     |               |                         |                         |  |
|          | <b>AUTOMOBILE LIABILITY</b>   |                                     |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000                       |
|          | ANY AUTO  |                                     |               |                         |                         | PRODUCTS - COM/PO/ AGG \$ 2,000,000                  |
|          | ALL OWNED AUTOS   |                                     |               |                         |                         | ANIMAL BAILEE \$                                     |
|          | HIRED AUTOS   |                                     |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$               |
|          | SCHEDULED AUTOS   |                                     |               |                         |                         | BODILY INJURY (Per person) \$                        |
|          | NON-OWNED AUTOS   |                                     |               |                         |                         | BODILY INJURY (Per accident) \$                      |
|          | <b>UMBRELLA LIAB</b>  |                                     |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                    |
|          | <b>EXCESS LIAB</b>  |                                     |               |                         |                         | \$   |
|          | DED   |                                     |               |                         |                         | EACH OCCURRENCE \$                                   |
|          | RETENTION \$  |                                     |               |                         |                         | AGGREGATE \$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  |                                     |               |                         |                         | \$   |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below               | Y/N                                 | N/A           |                         |                         | WC STATU-TORY LIMITS OTH-ER                          |
|          |   |                                     |               |                         |                         | E.L. EACH ACCIDENT \$                                |
|          |   |                                     |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                        |
|          |   |                                     |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$                       |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 Certificate holder had been added as additional insured regarding the above mentioned policy per attached Additional Insured-Vendors (CG 20 15 Ed. 04 13)

|   |  |
|---|--|
| <b>CERTIFICATE HOLDER</b><br><br><div style="border: 1px solid black; padding: 5px; color: red;">                 City of Allentown<br/>                 435 Hamilton St.<br/>                 Allentown, PA 18101             </div> | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE _____ |
|---|--|

**CITY OF ALLENTOWN  
IN-CITY BUSINESS APPLICATION**

**GENERAL INSTRUCTIONS:** Complete all sections of the Business License application, answering all questions in full. *All applicants must complete Signature Section C.* Mail the completed form to: City of Allentown, Bureau of Revenue & Audit, 435 Hamilton St, Room 215, Allentown, PA 18101. A \$35.00 non-refundable application fee must accompany the application. Applications submitted after 3:30pm will not be processed until the next business day. If you have any questions, please call 610-437-7507.

**Section A:** This section must be completed for an Incorporated business or by persons who are Self-Employed and by **each Partner** of an unincorporated business. Additional copies of this form are available upon request and on-line at:  
***www.allentownpa.gov***

|   |   |                        |           |
|---|---|------------------------|-----------|
| Business Name   |   | Federal EIN Number     |           |
| Legal Name (if different than Business Name)  |   | Business Web Address   |           |
| Sole Proprietor or Partner Name   |   | Social Security Number |           |
| Physical Business Address (Do not use PO Box)   |   | <b>Allentown PA</b>    | Zip       |
|   |   | Business Phone         |           |
| <b>Mailing Address for ALL Business related forms</b>   | Contact Person  | E-Mail Address         |           |
|   | Street or PO Box  | City                   | State Zip |
| Indicate Type of Entity:<br><input type="checkbox"/> Sole Proprietorship<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Corporation<br><input type="checkbox"/> S-Corp<br><input type="checkbox"/> LLC<br><input type="checkbox"/> Other*: | Business Classification: <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Manufacturing <input type="checkbox"/> Rental<br>Nature of Business: (detailed description) |                        |           |

**LIST PRINCIPAL OWNERS, PARTNERS OR OFFICERS**

| Name & Title | Home Address (No PO Box) | Social Security No. | Home Phone |
|--------------|--------------------------|---------------------|------------|
|              |                          |                     |            |
|              |                          |                     |            |
|              |                          |                     |            |

City or Township/School District where you reside? \_\_\_\_\_ Date Business Started in City of Allentown \_\_\_\_\_

Date Business Incorporated \_\_\_\_\_ State of Incorporation \_\_\_\_\_ Do you, or will you, have amusement devices?  
 NO  YES, # of Devices \_\_\_\_\_

Number of Employees (if Sole Proprietor do not count yourself in this number) \_\_\_\_\_

**LIST ALL OTHER CITY OF ALLENTOWN BUSINESS NAMES AND ACCOUNT NUMBERS**

| Business Name | Account No (QW, MW, EW, SP, RE) |
|---------------|---------------------------------|
|               |                                 |
|               |                                 |

**Section B:** This section **MUST BE** completed for **ALL** businesses operating in the City of Allentown

|                            |          |               |
|----------------------------|----------|---------------|
| Tax Preparer Information   | Name:    | Telephone No. |
|                            | Address: |               |
|                            | City     | State Zip+4   |
| Principal Bank Information | Name:    | Telephone No. |
|                            | Address: |               |
|                            | City     | State Zip+4   |

**Section C:** I hereby certify that the above information and statements are true and correct. I understand that Approval for the above business is contingent upon my compliance with the following departments: Revenue & Audit Bureau, Zoning, Recycling, Fire and Health (where necessary).

|           |        |      |
|-----------|--------|------|
| Signature | Title: | Date |
|-----------|--------|------|

\*Non-Profit Organizations: The City requires a copy of your 501C (IRS non-profit letter)

|                 |                    |
|-----------------|--------------------|
| EDEN Customer # | Business Account # |
|-----------------|--------------------|

CITY OF ALLENTOWN  
 IN-CITY BUSINESS APPLICATION (SIDE 2)  
 - CITY OF ALLENTOWN USE ONLY -

**ZONING APPROVAL & RESTRICTIONS (if any):**

Date Approved

**RECYCLING APPROVAL & RESTRICTIONS (if any):**

Date Approved

**FIRE APPROVAL & RESTRICTIONS (if any):**

Date Approved

**HEALTH APPROVAL & RESTRICTIONS (if any):**

Date Approved

- REVENUE & AUDIT USE ONLY -

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- BUSINESS APPLICATION INFORMATION -

|                         |                |                        |                |                           |
|-------------------------|----------------|------------------------|----------------|---------------------------|
| Business Account No.    |                | Business Privilege Tax | [ ] Yes [ ] No | Ref. or Partner Acct. No. |
| Real Estate Account No. |                | Business License       | [ ] Yes [ ] No |                           |
| Commercial EIT          | [ ] Yes [ ] No | Amusement Tax Device   | [ ] Yes [ ] No | S.I.C. code               |
| Commercial LST          | [ ] Yes [ ] No | # of Amusement Devices | [ ] [ ]        | New For: Qtr. Yr.         |
| Self-Employed EIT       | [ ] Yes [ ] No | Recycling Permit       | [ ] Yes [ ] No | City Start Date:          |
| Self-Employed LST       | [ ] Yes [ ] No | Trash Hauler's License | [ ] Yes [ ] No | Work PSD Code             |
| Processed By:           |                | Reference Only Account | [ ] Yes [ ] No | Live PSD Code             |
| Process Date:           |                | Incorporated Date:     |                | Incorporated State:       |