



## FOOD TRUCK PERMIT APPLICATION

Date(s) of Event: \_\_\_\_\_ (Note: at least 24 business hours notice required)

Hours of Operation: \_\_\_\_\_

Brookhaven Borough Resident Requesting food truck:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Vendor's Business & LLC Name: \_\_\_\_\_

Vendor's Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Vendor's Address: \_\_\_\_\_

*\*(Physical Address - no P.O. Box Number)*

Physical Location of Food Truck: \_\_\_\_\_

Type of food being served: \_\_\_\_\_

Health Inspection Required - Municipality/County: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

*Required Value of General Liability Insurance - \$100,000 per occurrence*

Vendor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* FOR OFFICE USE ONLY \*\***

**Approved:** \_\_\_\_\_ **Denied:** \_\_\_\_\_

\$10 Application Fee Paid: Yes \_\_\_\_\_ No \_\_\_\_\_

Special Stipulations:

Borough Office Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_