



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 UNIT

INSTRUCTIONS: Complete **BOTH** sides of this application and the self-inspection form. Send the completed application, the total fee indicated below and the self-inspection form 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, Bureau of Health*. **DO NOT SEND CASH.** Call (610) 437-7759 if you have any questions.

NOTE: A license will not be issued until the license application, including reverse, is fully completed and the facility complies with all applicable regulations.

SECTION A – MOBILE UNIT INFORMATION	
Name	_____
Address	_____ _____
Phone	() _____
Emergency #	() _____

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

SECTION C – COMMISSARY INFORMATION	
Facility Name	_____
Address	_____ _____
Phone	() _____
Operator or Manager	_____

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

License/Operational Fees			
Fee per Mobile Unit		Number of Units	Total Fee
License Fee – per unit	\$1.00		
New Operational Fee	\$274.00		
Renewal Operational Fee	\$249.00		
Sub Total		X	

For Health Bureau Use Only	
Amount Rec'd _____	Expiration Date _____
Date Rec'd _____	Approved By _____
License# Issued _____	Date _____

Certified Food Employee			
Employee Name:	Course:	Certificate No.	Expiration Date

**MOBILE UNIT DATA
(EACH MOBILE UNIT MUST HAVE A SEPARATE LICENSE)**

Vehicle #	Make and Model	Color and Markings	PA License #	AHB License #
1				
2				
3				
4				
5				
6				

NOTE: Each mobile unit should be clearly marked with your business name and the vehicle's number.

FOR EACH MOBILE UNIT LISTED ABOVE, PLEASE INDICATE THE LOCATION OF YOUR DAILY STOPS IN THE CITY OF ALLENTOWN

Unit 1 _____ _____ _____ _____	Unit 4 _____ _____ _____ _____
Unit 2 _____ _____ _____ _____	Unit 5 _____ _____ _____ _____
Unit 3 _____ _____ _____ _____	Unit 6 _____ _____ _____ _____