



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

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

**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 (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:**  Pulled Mobile Unit

**PLEASE SELECT ANY THAT APPLY:**

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

**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.**

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*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.

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*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.
- An appointment is scheduled with the local Fire captain for the Pulled Mobile Unit. Date: \_\_\_\_\_

**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](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 pulled mobile food truck design/plan, photos of both inside and outside of the mobile unit, 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 BUREAU CHIEF, CRAIG WALT: 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

\_\_\_\_\_  
Legibly Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – General Partner

\_\_\_\_\_  
Legibly Print Name

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

**Craig Walt**       Approve                       Disapprove

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

**Chris Delfs**       Approve                       Disapprove

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

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

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