

DELAWARE COUNTY HEALTH DEPARTMENT MOBILE FOOD FACILITY LICENSE APPLICATION

Please PRINT in all fields. Incomplete app	olications will	be returned and will	delay processing time/issuance of license.	
Check (✓) type of application:				
□ Initial	Application	☐ Renewa	al Application	
Facility Name and Address				
Facility Name:				
Street Address:				
City:	State: PA	Zip:	Municipality:	
Contact Name for Facility:			Phone:	
Fax:	Mobile:		Email:	
Licenses and Facility Owner Information	Invoices will l	be mailed to the Faci	ility Mailing Address	
Facility Owner Name:				
Street Address:				
City:	State:	Zip:	Phone:	
Fax:	Mobile:		Email:	
	r here:		WNERSHIP ARE REQUIRED TO HAVE A PLAN APPLYING FOR A LICENSE.	
Date of Last Inspection:				
Type of Mobile Food Facility: Truck Trailer Hitch Unit Pushcart Stand			oot Peddler :her:	
Location of readily available restrooms Vending Locations				
Is there a Frozen Dessert Machine in the N Yes No If Yes, what is the Frozen Dessert Machine License #		·	lvania Department of Agriculture	



Please include a copy of the following items with your application:

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		Food Safety Manage	r Certification					
		Food License						
		Proof of Vehicle Insp	ection					
		Proof of Vehicle Reg	istration					
		Proof of Vehicle Insu	ırance					
App made App fact susp that	License Type — Check the appropriate License type: V							
			TO BE COMPLETED BY E	HS ONLY				
Fee	e Due:		Payment Method:	Payment Dat	e:			
EHS Approval Sign:		ign:	EHS Approval Name:	Approval Da	te:			



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Checklist

1.	Obtain an application from the Delaware County Health Department (DCHD) website (https://www.delcopa.gov/health/environmentalhealth.html) Please use the Institution Application
2.	Complete the application (please type or print legibly to prevent delays)
3.	Provide supporting documentation:
4.	Please include a copy of the following items with your application.
	☐ Food Safety Manager Certification
	□ Food License
	□ Proof of Vehicle Inspection
	□ Proof of Vehicle Registration
	□ Proof of Vehicle Insurance
5.	Required fee- check, money order, or credit card payments are accepted
	See fee schedule
6.	Submit application packet and fee to DCHD:
	Hand-deliver Monday-Friday 8:30 AM - 4:30 PM:
	1510 Chester Pike, Baldwin Towers 7 th Fl, Suite 700, Eddystone, PA 19022 ■ Mail:
	Delaware County Health Department- Environmental Health Division
	1510 Chester Pike
	Baldwin Towers 7 th FI, Suite 700
	Eddystone, PA, 19022 Phone: 484-276-2100