



## BOROUGH OF CONSHOHOCKEN FOOD TRUCK APPLICATION

### APPLICATION REQUIREMENTS – Ordinance No. 4-2013

- A written application completed in its entirety with all required documents attached upon submission. Any omissions will result in a denial.
- The license shall at all-time be kept posted prominently in the food-vending vehicle.
- All food truck vendors must submit all paperwork documenting and certifying their Temporary Food Service License issued by the Montgomery County Health Department with their application.
- The Conshohocken Fire Department must inspect all food trucks at least one week prior to setting up date. Appointments can be made Monday through Friday during business hours though the Conshohocken Fire Department. Please contact Director of Fire Services, Timothy Gunning at [tgunning@conshohockenpa.gov](mailto:tgunning@conshohockenpa.gov) to set up all appointments. A fee is required.
- All suppression systems and fire extinguishers inside food trucks must be compliant.
- Two photographs, (2" x 3" minimum) taken within six (6) months prior to date of application
- A Certificate of Automobile Liability Coverage
- \$100 fee (check or cash only) for a Food Truck Permit
- Food Truck Permits are valid for 30 days from the date of issue.
- Hours shall be **6:00 a.m. until 5:00 p.m.** in Special Planning Districts, unless otherwise permitted by resolution of Borough Council.
- License may not be transferred from one business to another. One licensee will be permitted per business.
- PLEASE NOTE: This License is limited to the BOROUGH OF CONSHOHOCKEN ONLY. Plymouth Township, Whitmarsh Township, and West Conshohocken Borough are not included.

Name of Company/Organization: \_\_\_\_\_

Type of Items/Food Sold: \_\_\_\_\_

Location Requested: \_\_\_\_\_ Proposed Day(s) / Time (s): \_\_\_\_\_

Montgomery County Vendor License #: \_\_\_\_\_

Business ID#: \_\_\_\_\_ Sales Tax ID #: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ M \_\_\_\_\_ F

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Company Website / Facebook Page: \_\_\_\_\_

**Vehicle Information:**

If using a vehicle, please list the following:

Make: \_\_\_\_\_ Model: \_\_\_\_\_

License #: \_\_\_\_\_

Have you ever been convicted of a crime of any kind? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please explain below:

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

Applicant confirms that he/she has not committed crimes of any classification and understands that a criminal record check will be performed. Applicant agrees that they have received a copy of Ordinance 4-2013 and that they agree to comply with the terms and conditions of the Ordinance. Applicant also agrees that they will comply with all of other Ordinances of the Borough of Conshohocken including Ordinance 6-2006 concerning parking prohibitions.

The undersigned agrees to comply with rules and regulations. Noncompliance will result in your removal from the Borough with no refund. The undersigned further certifies that he or she is the responsible party submitting this application and that he or she is authorized to 1.) Execute on behalf of the group, and 2.) Accept legal process on behalf of the group. The undersigned also agrees to indemnify and hold harmless the Borough of Conshohocken from any responsibility for damage, loss or theft of goods relate to his or her business.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Each staff member must also fill out and sign an individual application

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**FOR OFFICE USE ONLY:**

Certificate of Automobile Liability Coverage: \_\_\_\_\_ Photo I.D. copy attached: \_\_\_\_\_

Temporary Food Service License issued by the Montgomery County Health Department: \_\_\_\_\_

Date of Background Check: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Background Check attached: \_\_\_\_\_ Fee paid: \_\_\_\_\_

Permit # Issued: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Borough Manager or his/her Designee Signature: \_\_\_\_\_