

**CITY OF HARRISBURG AND HARRISBURG SCHOOL DISTRICT
EXPLANATION OF THE
APPLICATION FOR VENDOR / SPECIAL EVENT LICENSE**

Attached you will find an application for a Vendor / Special Event License for your completion.

The license is issued on a calendar year basis, and subject to the rules and regulations as outlined on the permission form. Failure to comply will result in your license being revoked, additionally, this license may be suspended or revoked at any time by the Mayor or designee if it is determined that the holder of the license secured the same by misrepresentation; failed to maintain qualifications required by federal, state or local laws; engaged in fraudulent behavior or misleading advertising; consented to or allowed any behavior which would constitute a crime under federal, state or local laws, including but not limited to drug trafficking or drug possession; committed an act of gross negligence, or allowed any manner or form of public nuisance.

Your license will take approximately 7 to 10 working days to process.

If you have any questions concerning the Vendor License, please contact the Tax and Enforcement Office at buslicense@harrisburgpa.gov or by phone at (717) 255-6513, between the hours of 8:00 am to 5:00 pm, Monday through Friday.

**CITY OF HARRISBURG
APPLICATION FOR VENDOR / SPECIAL EVENTS LICENSE**

MAIL TO: TAX AND ENFORCEMENT OFFICE
10 N. 2ND STREET, SUITE 305-A
HARRISBURG, PA 17101
PAYABLE TO: "CITY TREASURER"

LICENSE AND FILING FEE: \$50.00
DUE EVERY CALENDAR YEAR!!!
CHECK OR MONEY ORDER ONLY

APPLICATION IS HEREBY MADE FOR GENERAL BUSINESS LICENSE AS DEFINED UNDER PART THREE OF THE CODIFIED ORDINANCES, CITY OF HARRISBURG, AS AMENDED BY CITY COUNCIL OF THE CITY OF HARRISBURG PROVIDING SAME:

APPLICATION FOR LICENSE YEAR 20_____

1. Business name and address. If conducted under a corporate or fictitious name, list name **(PLEASE PRINT LEGIBLY)**:

_____ BUSINESS NAME

_____ BUSINESS ADDRESS CITY STATE ZIP CODE

_____ MAILING ADDRESS, IF DIFFERENT THAN ABOVE

_____ BUSINESS TELEPHONE NUMBER

_____ IRS I.D. NUMBER

A copy of your Federal or State EIN letter must be provided.

2. Check whether business is: Incorporated Partnership Individual Agent LLC

3. Give the name(s) of the true owners of the business, their legal residence (**excluding PO BOX**), social security number, date of birth, and telephone number:

NAME	NAME	NAME
ADDRESS	ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP
SOCIAL SECURITY #	SOCIAL SECURITY #	SOCIAL SECURITY #
DATE OF BIRTH	DATE OF BIRTH	DATE OF BIRTH
TELEPHONE #	TELEPHONE #	TELEPHONE #
E-MAIL	E-MAIL	E-MAIL

FURTHER INFORMATION APPEARING ON REVERSE SIDE MUST BE COMPLETED!!!

4. Describe fully the nature of the business:

5. Names of all individuals who will be conducting said business for your organization:

6. Where the said business will be conducted (i.e., place and/or event):

7. Failure to provide the above necessary information required for proper enforcement of the General Business License Ordinance (Vendors/Special Events) shall cause rejection of this application and shall require a new application and filing fee.

I VERIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT. I UNDERSTAND THAT FALSE STATEMENTS MADE HEREIN ARE SUBJECT TO THE PENALTIES OF 18 PA. C.S. #4904 - RELATING TO UNSWORN FALSIFICATION OF AUTHORITIES.

I have read and understand the Rules & Regulations provided to me, and further understand my responsibility to abide by them.

THIS LICENSE DOES NOT PERMIT VENDORS TO SELL ON PRIVATE PROPERTY WITHOUT FIRST RECEIVING CONSENT OF PROPERTY OWNER AND ZONING APPROVAL.

 AUTHORIZED SIGNATURE

 DATE

DO NOT WRITE BELOW THIS LINE *OFFICIAL USE ONLY*** DO NOT WRITE BELOW THIS LINE**

 ZONING ADMINISTRATOR

 DATE

 HEALTH DEPARTMENT

 DATE

 TAX AND ENFORCEMENT ADMINISTRATOR

 DATE

LICENSE NUMBER: _____

IF VENDING INVOLVES FOOD, PLEASE COMPLETE THE REMAINING PAGES

IF VENDING DOES **NOT INVOLVE FOOD **STOP** HERE**

Dear Special Event Food Service Provider:

Welcome to the City of Harrisburg! The City takes the health and welfare of our residents and visitors very seriously. The issuance of a Health License insures the safety and quality of the food served and the individuals providing the services. Providing food service, for profit or non-profit, in the City of Harrisburg is illegal without appropriate licenses. Failure to secure and display these licenses can result in fines of up to \$1000 per day and/or 30 days in jail. **This license applies to those doing special events; such as Kipona and Music Fest, as well as, events in our City Parks.** All licenses are specific to one stand and one owner, and are limited to one trailer or under one roof. You are required to have a separate license for each stand whether side-by-side or apart. In addition to the guidelines on your specific application, please note the following in regards to your Health License:

- Effective July 1, 2004, all for-profit food service providers are required to have one supervisory staff person in compliance with the Pennsylvania Food Employee Certification Act;**
- A double application fee applies to anyone not submitting the application at least 10 working days before the event;
- All vendors are required to carry the \$50.00 Vendor/Special Event License from the Tax & Enforcement Office; contact the Tax & Enforcement Office at (717) 255-6513 if this application has not been enclosed;
- This license is specific to the time frame indicated for that specific event;
- Health, Vendor/Special Event Licenses are not transferable and are non-refundable;
- All licensed establishments are subject to formal and informal inspections. The results of formal inspections are public domain and may be displayed in a public forum;
- All licenses are subject to suspension and/or revocation for failure to follow applicable laws and guidelines. These are posted in the Bureau of Codes Administration, Suite 205 in the City Government Center, located at 10 N. Second, Harrisburg, PA 17101.

A Sketch or picture of stand with a list of all equipment must accompany this application.

- All equipment must meet National Sanitation Foundation specifications.
- All stands are required to have potable water, the ability to warm water for utensil washing, soap & towels for hand washing and an approved sanitizing solution.
- Appropriately equipped heating and refrigeration units capable of holding hot foods at or over 135°F and cold foods at or below 41°F

On the back of this application, or as an attachment, provide:

- A copy of PA Food Employee certification card for supervising staff person.
- A detailed listing of proposed foods and/or menu.
- A list of Wholesaler(s) / Supplier(s) and their address and phone number(s).

MOBILE RETAIL FOOD VENDOR CHECKLIST

Harrisburg, Pennsylvania

TYPE 'E' LICENSE (ANNUAL): \$75.00

TYPE 'F' LICENSE (PER DAY): \$15.00

MOBILE VENDOR BUSINESS INFORMATION

Trading Name of Mobile Vendor: _____

Owner/Corporation: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Home Phone#: _____ Cell#: _____ Fax#: _____

Email: _____

Contact Person: _____ Phone#: _____ Cell#: _____

Email: _____

TYPE OF MOBILE UNIT (CHECK ALL THAT APPLY)

Push Cart Tabletop/Tent Food Preparation Vehicle Trailer Refrigerated Vehicle Other: _____

Sanitation/Personal Hygiene	Other Equipment
<input type="checkbox"/> Hot/cold Running Water <input type="checkbox"/> Freshwater Container _____ gals <input type="checkbox"/> Wastewater Container _____ gals <input type="checkbox"/> Hand Sink w Warm Running Water <input type="checkbox"/> Insulated Container w Free Flow Spout <input type="checkbox"/> 3 Compartment Sink w hot/cold running water <input type="checkbox"/> Buckets/Spray Bottles w/Sanitizer <input type="checkbox"/> Gloves <input type="checkbox"/> Paper Towels <input type="checkbox"/> Soap	<input type="checkbox"/> Trash Container <input type="checkbox"/> Sneeze Guards <input type="checkbox"/> Extra Utensils <input type="checkbox"/> Covered Containers <input type="checkbox"/> Foil, Plastic Wrap <input type="checkbox"/> Thermometers <input type="checkbox"/> Sanitizer/test kit <input type="checkbox"/> _____

MOBILE FOOD UNIT OPERATION SCHEDULE (CHECK/LIST ALL THAT APPLY)

Where will you serve food: _____

Months: Events Only (see below) Every Month of Year Selected Months (circle): J-F-M-A-M-J-J-A-S-O-N-D

Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times of Operation:

M _____ T _____ W _____ Th _____ F _____ S _____ Su _____

If Temporary/Special Event(s):

Name of Event(s): _____

Days & Times at the Event: _____

Event Contact Person: _____

Email: _____ Phone#: _____

DESCRIPTION OF FOOD OPERATIONS: MENU ITEMS-SOURCE-PREP-HANDLING-STORAGE-EQUIPMENT

NO HOME PREPARED FOODS ALLOWED! TAKE TEMPERATURES! YOU MUST HAVE RECEIPTS ONSITE FOR ALL FOOD ITEMS YOU BUY! (COPY IF ADDITIONAL FORMS ARE NEEDED)

List EVERY food & drink & how many servings of each item	Ex: Chicken Tenders, 50	
If this item is PREPARED using RAW ANIMAL or PLANT products, list those ingredients	Ex: Raw Chicken	
Where did you buy this item? List STORE & ADDRESS	Ex: XYZ Butcher Shop, # Main Ave	
Prepared at Vending site (V) or Servicing Area (SA)?	Ex: SA	
Cooked at Vending site (V) or Servicing Area (SA)?	Ex: SA	
How do you COOK this food item? List EQUIPMENT USED & POWER SOURCE	Ex: Oven, Natural Gas	
How do you quickly cool the food item? List COOLING EQUIPMENT USED & POWER SOURCE	Ex: Walk-in Refrigerator, Electric	
How do you keep the food item hot? List HOT HOLDING EQUIPMENT USED & POWER SOURCE (No Sternos)	Ex: N/A	
If reheating item for hot holding, List REHEATING EQUIPMENT USED & POWER SOURCE	Ex: N/A	
How do you keep the food item cold? List COLD HOLDING EQUIPMENT USED & POWER SOURCE	Ex: Refrigerator, Electric	