



BOROUGH OF WEST READING

500 Chestnut Street, West Reading PA 19611

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www.westreadingborough.com

MOBILE VENDOR LICENSE APPLICATION

Owner(s) Name: _____ Date: _____

Owner(s) Home Address: _____

Business Name: _____

Business Address: _____

Primary Phone #: _____ Secondary Phone #: _____

Email Address: _____

Vending Address Preference(s): 1. _____

2. _____

3. _____

Number of employees: _____

Proposed days and hours of operation: _____

Detailed description of goods to be sold: _____

Description of stand, pushcart or motor vehicle including dimensions, construction and appearance (attach diagrams, photos, blueprints and/or drawings): _____

License Plate #: _____ Vehicle Insurance: _____

Driver's License #: _____ Motor Vehicle Registration #: _____

(motor vehicle information must be provided if a motor vehicle is used in the operation of the business)

Business License #: _____ Retail Food License #: _____

ATTACH THE FOLLOWING DOCUMENTS TO YOUR APPLICATION

1. Diagrams, photos, blueprints and/or drawing of our mobile vending vehicle/cart
2. Letter from property owner authorizing use of location (if vending on private property)
3. Letter from business owner authorizing use of location (if vending within 25' of establishment serving similar food products)
4. Photo identification
5. Proof of liability insurance coverage (\$1,000,000)
6. Mobile vendor application fee \$50 (non-refundable)

Note: Falsification of any statement made herein is an offense punishable by a fine or imprisonment or both. After your application is approved, you will be required to pay a \$300 annual license fee (valid from January-December during a calendar year) prior to receiving your license tag.

Owner's Signature: _____ Date: _____

Owner's Name (please print): _____

Business Name: _____

FOR OFFICIAL USE ONLY DO NOT WRITE BELOW THIS LINE

TYPE OF MOBILE VENDOR: ☐ Multiple locations through the day
 ☐ Stationary on private property
 ☐ Stationary in public right of way

Proposed Vending Address: _____

Department of Agriculture Approval: _____

Name	Date
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Submitted Indemnification

Submitted Photo ID

Has Retail Food License

____ Paid \$50 Application Fee

Paid \$300 Annual License Fee

Submitted Certificate of Insurance

____ Submitted letter from property/business owner (if vending on private property or within 25' of similar establishment)