

**TOWN OF BLOOMSBURG
OFFICE OF CODE ENFORCEMENT & ZONING
Application for a Food Vendors Permit**

Signature of this application shall indemnify, defend and hold the Town harmless from all claims, liabilities, obligations, damages, penalties, costs, and expenses, including reasonable attorney fees and disbursements of any kind or nature including, but not limited to, actions for personal injury or death, or the assessment of fines or penalties by any governmental agency. Food Vendors are asked to refrain from selling during Block Party. Town Council will continue to review how Food Vendor presence may or may not contribute to Block Party and other large events.

NAME: _____

BUSINESS NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ PHONE: _____ CELL PHONE: _____

PRODUCTS FOR SALE: _____

PA DEPT. OF AGRICULTURE CERTIFICATE NUMBER: _____

(Certificate must be submitted prior to commencement of business)

SERVSAFE CERTIFICATE NUMBER: _____

(Certificate must be submitted prior to commencement of business)

LIABILITY INSURANCE CARRIER: _____ EXPIRATION DATE _____

PA SALES TAX NUMBER: _____ (Certificate Required)

Food vendors are subject to the Town's Gross Receipts Tax, contact Berkheimer Associates at 610-599-3140 for application forms

Signature of Applicant

Date

OFFICIAL USE ONLY:

Date Stamp:

PERMIT Fee Paid: _____

(\$350.00)

Date of Issuance: _____