



# BENSALEM TOWNSHIP

*Department Of Public Safety*

## FIRE RESCUE DEPARTMENT

2400 Byberry Road - Bensalem, Pa 19020  
Phone: 215-633-3617 - Fax: 215-633-3662

---

---

### MOBILE FOOD VENDOR LICENSE APPLICATION INSTRUCTIONS

#### PLEASE READ

An annual mobile food vendor license is required for each vehicle with Bensalem Township Fire Rescue, Department of Public Safety to operate as a mobile food vendor (ice cream truck, food truck, food trailer, food stand, etc.) License is valid for one calendar year, expiring on December 31 each year.

#### License Fees:

Mobile Food Vendor (Cooking Operations): \$175.00

Mobile Food Vendor (No Cooking Operations): \$85.00

In order to obtain a mobile food vendor license, we require all documents to be submitted prior to scheduling inspections. The required documents are: Department of Health Inspection report, Department of Health License with expiration date, Semi-Annual Fire Suppression inspection report, and Semi-Annual Cooking Hood Cleaning report/certificate/verification.

An inspection is required to be conducted by Bensalem Township Fire Rescue; the inspection will take place at the Bensalem Township Municipal Complex (2400 Byberry Road, Bensalem, PA 19020). To schedule an inspection contact Bensalem Fire Rescue at 215-633-3617. At the completion of a "passed fire inspection" a certificate will be issued; this certificate shall be displayed at a readily visible location whenever operating in Bensalem Township.

Follow-up inspections at no cost will take place at any time during the year, to ensure compliance with local and state rules and regulations, the International Fire Code, International Mechanical Code, all applicable NFPA standards. If the follow-up fire inspection fails, the mobile food vendor will not be able to operate (license suspended) until a re-inspection is conducted and the vendor is in compliance. A re-inspection fee of \$200 will be issued and will be required to be paid in full prior to the mobile food vendor license being reinstated.

Licensed mobile food vendors will be able to operate at locations in accordance with zoning regulations in Bensalem Township. If four or more mobile food vendors are operating at the same location (example: food truck event) then the property owner or representative shall apply for a Mobile Food Vendor Event Permit and follow-up inspections will take place.

**Ice Cream Trucks** who will be selling in the neighborhoods are also required to submit the solicitor license application to the Building and Planning Department. Please contact Loretta Alston at 215-633-3646 or [Lalston@bensalempa.gov](mailto:Lalston@bensalempa.gov) with all questions concerning the solicitor's license.

**Permanent food vendors** (example: a food truck or food stand located at a fixed location) are required to apply for and obtain a Commercial Use and Occupancy Permit with Bensalem Township Building & Planning.

Please contact Bensalem Township Fire Rescue at 215-633-3617 or [Fireoffice@bensalempa.gov](mailto:Fireoffice@bensalempa.gov) with any questions or to schedule an inspection.



# BENSALEM TOWNSHIP

Department Of Public Safety

## FIRE RESCUE

2400 Byberry Road - Bensalem, Pa 19020  
Phone: 215-633-3617 - Fax: 215-633-3662

### MOBILE FOOD VENDOR LICENSE APPLICATION

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

#### MOBILE FOOD VENDOR APPLICANT INFORMATION

Business Name: (as displayed) \_\_\_\_\_

Address: \_\_\_\_\_ City State ZIP: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of Mobile Food Units in Fleet? \_\_\_\_\_ **\*\*All mobile units must be licensed separately\*\***

Type of Operation:  Cooking Operations  No Cooking Operations

#### MOBILE FOOD UNIT INFORMATION

Type of Food Sales: \_\_\_\_\_

Type of Platform:  Truck  Trailer  Cart  Tent  Other: \_\_\_\_\_

License Plate # & State: \_\_\_\_\_ Generator?  Yes  No

Propane Tanks?  Yes  No Quantity of Tanks? \_\_\_\_\_ @ \_\_\_\_\_ lbs./each

Do your cooking operations produce grease-laden vapors?  Yes  No

Do your cooking operations use grills and/or fryers?  Yes  No

Suppression System Inspection Date: \_\_\_\_\_ Hood & Duct Cleaning Date: \_\_\_\_\_

#### REQUIRED DOCUMENTS

- Semi-Annual Fire Suppression Inspection Report (if required)
- Semi-Annual Cooking Hood Cleaning Report/Certificate/Verification (if required)  
*(frequency requirement can change depending on operations)*
- Bucks County Health Dept. Inspection Report, License # & Expiration Date
- Certificate of Insurance

#### PLEASE INITIAL TO ACKNOWLEDGE THE FOLLOWING

\_\_\_\_\_ I have read the Bensalem Township Fire Rescue Mobile Food Vendor Checklist/Guide and this mobile food vendor meets all requirements of the code(s) listed.

\_\_\_\_\_ I understand that I am responsible for code violations and any resulting penalties that may occur as a result of hosting a mobile food establishment.

\_\_\_\_\_  
*Applicant Print Name*

\_\_\_\_\_  
*Applicants Signature*

\_\_\_\_\_  
*Date*

#### Office Use Only

Approved:  Yes  No Certificate Issued:  Yes  No Paid:  Yes  No

Fire Official Signature \_\_\_\_\_

Date \_\_\_\_\_



# BENSALEM TOWNSHIP

Building and Planning Department  
Office 215-633-3644 • Fax 215-633-3753  
2400 Byberry Road • Bensalem, PA 19020

## APPLICATION SOLICITOR/PEDDLER LICENSE

Permit #	
Date	
Tax Parcel #	

To the best of his/her knowledge, the undersigned certifies that the information contained in this application is true and correct. The information is being furnished to make application for a license to solicit and/or peddle within the Township of Bensalem, and applicant agrees to abide by all regulations set forth in the Township Ordinance.

1. Applicant's Full Name: \_\_\_\_\_  
 Social Security No. \_\_\_\_\_  
 Applicant's Address \_\_\_\_\_  
 Phone No. \_\_\_\_\_

2. Applicant's Age: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Gender:  Male  
 Date of Birth: \_\_\_\_\_ Eye Color: \_\_\_\_\_  Female  
 Race: \_\_\_\_\_  
 Driver's License No. \_\_\_\_\_ State Where Issued: \_\_\_\_\_

3. Has applicant ever been convicted or pleaded guilty to any crime?  
 YES  NO  
 If Yes, \_\_\_\_\_  

Crime	Date of Conviction-Plea	Location

4. Name of Employer: \_\_\_\_\_  
 Address of Employer: \_\_\_\_\_  
 Employer's Phone No: \_\_\_\_\_  
 Employer is a :  Corporation  Partnership  Individual  Association

5. Name of company for whom you are soliciting?  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Description of item for which you will be soliciting: (Service, Article, Device, Subscription, Contract, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE:** Applicant is required to apply for a criminal records check through the Pennsylvania State Police. Copy and paste the link for the website to make this application. <https://epatch.state.pa.us>

Employer's Signature	Date	Applicant's Signature	Date
----------------------	------	-----------------------	------

**A SIGNED COPY OF THIS APPLICATION IS REQUIRED PRIOR TO ISSUANCE OF LICENSE**

### OFFICE USE ONLY

APPROVED  DENIED

\_\_\_\_\_  
Director of Building & Planning Date