



Borough of Phoenixville
351 Bridge Street
Phoenixville, PA 19460
Phone (610) 933-8801
www.phoenixville.org

Food Truck Permits are to be reviewed and approved on a monthly basis ONLY for each private property location. No proration.

Food Truck Permit Application

Food Trucks shall utilize this application in order to operate in the Borough on PRIVATE PROPERTY ONLY. A property owner, business operator or food truck operator may apply, but the signature of either the owner of the property OR the operator of the business at the property are REQUIRED. All applications are due ten (10) business days in advance of the month of the permit. No exceptions.

PAYMENT MUST BE RECEIVED AT SUBMISSION OF APPLICATION

Property Information: (Please Print)

Property Address: _____
Month of Operation: _____
Tax Parcel Number: _____ Zoning District: _____
Property Owner Name: _____
Business at Property: _____

Applicant Information:

Name: _____
Cell: _____ Email: _____
Applicant Type: Property Owner Existing Business Operator Food Truck Operator

Your application will not be reviewed until all of the required information and associated payment has been provided to the Borough of Phoenixville. In accordance to Ordinance 2011-2178 the Borough Manager shall approve or deny the application within 10 days.

Required:

Applicant Name: _____
Applicant Signature: _____ Date: _____
1 of 2 Required:
Existing Business Operator: _____
Business Operator Signature: _____ Date: _____
Owner Name: _____
Owner Signature: _____ Date: _____

The following page includes information about every food truck to operate on the property for the month attributed to the application. The trucks identified on the following page are the ONLY trucks to operate during the permit month. If a property is to have more than 5 trucks operate in any given month, please provide the appropriate information on a separate sheet.

Food Truck 1:

Name of Food Truck: _____
Owner Name: _____
Vehicle License Number and Expiration Date: _____
Requested Hours of Operation: _____
Health Department Certificate #/Source: _____

Food Truck 2:

Name of Food Truck: _____
Owner Name: _____
Vehicle License Number and Expiration Date: _____
Requested Hours of Operation: _____
Health Department Certificate #/Source: _____

Food Truck 3:

Name of Food Truck: _____
Owner Name: _____
Vehicle License Number and Expiration Date: _____
Requested Hours of Operation: _____
Health Department Certificate #/Source: _____

Food Truck 4:

Name of Food Truck: _____
Owner Name: _____
Vehicle License Number and Expiration Date: _____
Requested Hours of Operation: _____
Health Department Certificate #/Source: _____

Food Truck 5:

Name of Food Truck: _____
Owner Name: _____
Vehicle License Number and Expiration Date: _____
Requested Hours of Operation: _____
Health Department Certificate #/Source: _____

OFFICE USE ONLY

Borough Manager: _____ Date: _____

Zoning Officer: _____ Date: _____

Every Food Truck Operator shall acquire and display a copy of the Permit for the Property during hours of operation.