

SECTION A — HOST PERMIT APPLICATION

Permit Type Requested:

Resident Host Permit

Business Host Permit

Special Event Host Permit

HOST INFORMATION

Host Name: _____

Business/Organization Name (if applicable): _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

EVENT INFORMATION

Event Name/Description: _____

Event Date: _____

Event Start Time: _____ Event End Time: _____

Setup Time: _____ Breakdown Time: _____

Property Address/Event Location: _____

Zoning District (if known): _____

MOBILE FOOD UNIT INFORMATION

Number of Mobile Food Units Requested: _____

Name(s) of Mobile Food Vendor(s):

PROPERTY OWNER AUTHORIZATION

Property Owner Name: _____

Property Owner Phone: _____

Property Owner Email: _____

Written authorization attached

SITE PLAN CHECKLIST

Site plan must show:

- Area of operation
- Buildings
- Walkways
- Fire lanes
- Hydrants
- Accessible routes
- Regulatory signage
- Trash/recycling receptacles
- Generator location (if applicable)

INSURANCE CERTIFICATION

- Certificate of insurance attached naming Newtown Borough as additional insured

Carrier: _____

Policy Number: _____

Expiration Date: _____

APPLICANT CERTIFICATION

I certify that the information contained herein is true and correct and that I agree to comply with all applicable ordinances, regulations, and permit conditions.

Applicant Signature: _____

Date: _____

SECTION B — MOBILE FOOD UNIT PERMIT APPLICATION

Annual Permit Required for Each Mobile Food Unit

Permit Type Requested:

Food Truck Permit Food Cart Permit

BUSINESS INFORMATION

Business Name: _____

Owner/Applicant Name: _____

Business Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Website (if applicable): _____

MOBILE FOOD UNIT INFORMATION

Unit Name/DBA: _____

License Plate Number / VIN (if applicable): _____

Make / Model / Year: _____

Length of Unit: _____

Type of Unit:

- Food Truck
- Food Cart
- Trailer
- Kiosk
- Other: _____

Pennsylvania Department of Agriculture Classification:

- Type 1
- Type 2
- Type 3
- Type 4

Description of Food / Beverage Sold:

HEALTH DEPARTMENT CERTIFICATION

Copy of Bucks County Department of Health certification attached

Certification Number: _____

Expiration Date: _____

INSURANCE INFORMATION

Insurance Carrier: _____

Policy Number: _____

Expiration Date: _____

Certificate of insurance attached naming Newtown Borough as additional insured

FIRE INSPECTION INFORMATION

Date Requested: _____

Date Approved: _____

Inspection By: _____

Fire inspection approval attached

GENERATOR / PROPANE / COOKING EQUIPMENT

Generator Used?

Yes

No

If yes, type: _____

Propane Used?

Yes

No

If yes, number of tanks / size: _____

Cooking Equipment Used:

Grill

Fryer

Oven

Stove

Warming Unit

Other: _____

APPLICANT CERTIFICATION

I certify that the information contained herein is true and correct and that I agree to comply with all applicable ordinances, regulations, and permit conditions of Newtown Borough.

Applicant Signature: _____

Date: _____

SECTION C — FIRE MARSHAL INSPECTION FORM

Newtown Borough Fire Marshal / Fire Department Inspection

Vendor Name: _____

Unit Name: _____

Date of Inspection: _____

Inspector: _____

INSPECTION CHECKLIST

Fire Suppression System

Pass

Fail

N/A

Notes: _____

Fire Extinguisher Present / Charged / Tagged

Pass

Fail

N/A

Notes: _____

Propane / Fuel System Safe / Secured

Pass

Fail

N/A

Notes: _____

Generator Properly Located / Safe

Pass

Fail

N/A

Notes: _____

Electrical Wiring / Equipment Safe

Pass

Fail

N/A

Notes: _____

Means of Egress Clear

- Pass
- Fail
- N/A

Notes: _____

Cooking Equipment Safe / Operational

- Pass
- Fail
- N/A

Notes: _____

General Fire Safety Compliance

- Pass
- Fail
- N/A

Notes: _____

INSPECTION RESULT

- Approved
- Approved with Conditions
- Reinspection Required
- Denied

Conditions / Notes:

Inspector Signature: _____

Date: _____

SECTION D — BOROUGH INTERNAL PROCESSING CHECKLIST / WORKFLOW

For Internal Use Only

Application Type:

- Host Permit
- Mobile Food Unit Permit
- Fire Inspection
- Renewal
- Reinspection

Application Received Date: _____

Received By: _____

Applicant / Business Name: _____

Event Date (if applicable): _____

STEP 1 — APPLICATION INTAKE

- Application complete
- Fee received

Amount Paid: _____

Payment Method:

- Cash
- Check
- Credit Card
- Other: _____

Receipt Number: _____

Date Logged: _____

Staff Initials: _____

STEP 2 — DOCUMENT REVIEW

Host Permit

- Property owner authorization attached
- Site plan attached
- Site plan to scale

Insurance certificate attached

Additional insured verified

Mobile Food Unit Permit

Bucks County Department of Health certification attached

PA Department of Agriculture classification listed

Insurance certificate attached

Additional insured verified

Fire inspection required

STEP 3 — ZONING / CODE REVIEW

Reviewed By: _____

Date: _____

Zoning district eligible

Clear sight distance acceptable

Fire lanes unobstructed

Accessible routes maintained

Regulatory signage unobstructed

Additional conditions required

Notes:

STEP 4 — FIRE MARSHAL REVIEW

Inspection passed

Inspection passed with conditions

Reinspection required

Denied

Inspection Date: _____

Inspector: _____

Notes:

STEP 5 — FINAL ACTION

Approved

Approved with conditions

Denied

Permit Number: _____

Issue Date: _____

Expiration Date: _____

Conditions:

Approved By: _____

Title: _____

Signature: _____

Date: _____

INTERNAL WORKFLOW SUMMARY

HOST PERMIT PROCESS

1. Receive application and fee
2. Review completeness
3. Review site plan / zoning
4. Verify insurance
5. Issue permit

MOBILE FOOD UNIT PERMIT PROCESS

1. Receive application and fee
 2. Verify health certification
 3. Verify insurance
 4. Fire Marshal inspection
 5. Issue annual permit
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SPECIAL EVENT HOST PERMIT PROCESS

1. Verify Borough Council special event approval
 2. Verify event boundaries
 3. Verify vendor count
 4. Verify insurance / site plan
 5. Issue permit
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