



Lower Southampton Township

Bucks County, Pennsylvania
1500 Desire Avenue – Feasterville, PA 19053
one: (215) 357-7300 – E-Mail: events@lstwp.org

**** OFFICE USE ONLY ****

Fee: _____

Permit No.: _____

TOWNSHIP SPONSORED EVENTS VENDOR PERMIT APPLICATION

I. TYPE (MUST choose one)

- ☐ FOOD TRUCK VENDOR
☐ TABLE VENDOR

II. APPLICANT INFORMATION (Each line item MUST be completed)

APPLICANT NAME:

Street Address:

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Phone No.: _____

Driver's License No:

Describe Criminal Record *(if any)*

III. BUSINESS INFORMATION (Each line item MUST be completed)

BUSINESS NAME:

Street Address:

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Phone No.: _____

List/Describe Items available for sale:

Make and Model of Food Truck:

IV. REQUIRED DOCUMENTS (application & all required documents MUST be submitted together)

1. PA Criminal Background Check Report *(issued within 12 months)*
2. Color copy of Valid Driver's License *(front and back)*
3. Copy of a Valid Bucks County Department of Health License *(Food Truck Vendors Only)*

V. APPLICANT'S CERTIFICATION (Signature REQUIRED)

I certify that there are no willful misrepresentations in or falsifications of the above statements and answers to questions. I am aware that any falsehoods or misrepresentations will bar me from obtaining a permit or constitute grounds for later cancellation of the permit.

Applicant Signature: _____

Date: _____

FOR OFFICE USE ONLY

Zoning Officer Decision: ☐ Approved ☐ Denied

Zoning Officer Signature: _____

Date: _____

DATES VALID: _____ *thru* _____