



SOUTH LEBANON TOWNSHIP
 1800 S 5th AVENUE ♦ LEBANON, PA 17042
 (717) 274-0481 sltownship@comcast.net



FOOD TRUCK PERMIT APPLICATION
 (January – December)

Name: _____

Business Name: _____

Mailing Address: _____

City, State & ZIP: _____

Phone Number: _____ Driver's License #: _____

Email Address: _____

Business License #: _____

Truck Make/Model/License Plate: _____

Type of Food for Sale: _____

I have reviewed the Township Ordinance regulating Food Truck operation within South Lebanon Township and agree to abide with the requirements. I acknowledge that if I do not follow these regulations my permit may be revoked, and I may be subject to penalties as set by the Township. I indemnify and hold harmless the Township, its officials and employees from any and all actions, judgements, damages etc. caused by any reason by the food truck and all damages to persons or property resulting from or caused by the presence, use, operation, removal, etc. of such food truck or by the acts or omissions of the employees or agents of the applicant and/or food truck owner with such food truck.

Date

Signature of Owner

FOR TOWNSHIP USE ONLY

INITIAL RENEWAL BUSINESS LIC. SALES TAX LIC. Certificate of Ins. exp date: _____

Permit # _____

Date Issued: _____ Fee Paid: _____ Cash / Check / Money Order # _____