



**FOOD VENDOR PERMIT
NEW HOPE BOROUGH
123 NEW STREET
NEW HOPE, PA 18938**

Name of Business: _____

Business Address: _____

Business Phone Number: _____ E-mail _____

Emergency Contacts:

Contact Person One: _____ Address _____

Home phone _____ Cell _____ E-mail _____

Name of event _____ Date of event _____

Contact person for the event _____ Phone _____

Email address _____

Fire Extinguisher Co. _____ Address _____ Phone _____

Last Inspection Date: _____ E-mail _____

Fire Sprinkler System. (if Applies) _____ Address _____ Phone _____

Last Inspection Date: _____ E-mail _____

Number of Gas Cylinders _____ Capacity _____

Temporary Tent or Membrane Structure

Dimensions: _____ (feet) x _____ (feet) = _____ Total square footage

Height: _____ (feet) . With or without sides _____

Will there be any electrical hookups, lighting, electrical or cooking equipment inside?

Yes (explain below if yes) No

Additional explanation or comments _____

Number of tents _____

FEE: \$85.00

Please make the check payable to: New Hope Borough, 123 New Street, New Hope PA 18938

Please complete this form and enclose with your payment.

Thank you for your cooperation.

Steve Burroughs

New Hope Borough Fire Inspector

Please direct any questions at steve@newhopeborough.org.