



Doylestown Township Parks & Recreation Ice Cream Truck Vending Application - 2011

Please complete this application and return to
Doylestown Township, 425 Wells Road, Doylestown PA 18901

Please type or print legibly

Applicant Information

Contact Name _____

Company Name _____

Bus. Address _____

City _____ State _____ Zip Code _____

Home Address _____

City _____ State _____ Zip Code _____

Bus. Phone _____ Home Phone _____ Cell _____

Fax Number _____ Email _____

Permit Type Requested (check one)

Six Month (April 1st through September 30th) **Fee: \$1200.00**

Three Month **Fee: \$ 750.00**

select requested months of operation

() April () May () June () July () August () September

Days of Operation Requested (check all that apply)

() Monday () Tuesday () Wednesday () Thursday () Friday () Saturday () Sunday

Park Access Requested (check all that apply)

() Central Park () Turk Park () Sauerman Park () Bridge Point Park

Acknowledgements (read, check, initial, sign)

I have received read and understand the Ice Cream Truck Vending Rules & Regulations. Initial _____

I agree to follow all rules and regulations as specified. Initial _____

I understand that not following established rules and regulations will result in revocation of my permit without refund. Initial _____

Signature _____ Date _____

Office Use Only

Application Approved Comment _____

DTWP Solicitation Permit Not Approved _____

Cert. of Insurance _____

Board of Health Cert. Fee Rc'vd \$ _____