



LOWER PAXTON TOWNSHIP  
PARKS & RECREATION DEPARTMENT  
425 PRINCE ST. SUITE 170, HARRISBURG, PA 17109  
717-657-5600 www.lowerpaxton-pa.gov

For Office Use:

Permit #: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Liability Insurance Y or N

PA food license Y or N

Food safety Y or N NA

Permit Issue Date: \_\_\_\_\_

Director Initials: \_\_\_\_\_

## **2025 PARK VENDING PERMIT APPLICATION**

Vending permits are only available for use in conjunction with a nonprofit organization's approved rental or Township sponsored event, with the written approval of the Parks & Recreation Board, Director of Parks & Recreation, or his/her designee. The distribution or sale of goods or services is prohibited in all Lower Paxton Township Parks and Recreation areas except through approved nonprofit sport organizations utilizing Township owned concession stands. Vendors must take any garbage created during food service when they leave the event.

### **EVENT INFORMATION**

Event Title/Description: \_\_\_\_\_ Park Location: \_\_\_\_\_

Event Day/Date (s): \_\_\_\_\_ Event Time: From \_\_\_\_\_ To \_\_\_\_\_

Event Sponsor's Representative: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Print Name Signature Date

### **VENDOR INFORMATION**

Business or Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Email: \_\_\_\_\_

Describe what you plan to distribute or sell in detail: \_\_\_\_\_

Vendor vehicle(s) to be used (Make/Model/Color/Year/License #/State): \_\_\_\_\_

### **Fee: \$100 per day**

Please provide if you have these documents:

PA food license: A copy of your Mobile Food Facility (MFF) or other appropriate PA license.

Food Safety certificate: A copy of your certificate, if applicable to your business or organization.

### **Application Requirements:**

Liability Insurance: A signed certificate of general liability insurance naming Lower Paxton Township as additionally insured and carrying a minimum of \$1,000,000 per occurrence.

**Submit this completed form and any additional documents to [parcs@lowerpaxton-pa.gov](mailto:parcs@lowerpaxton-pa.gov). A Parks & Rec representative will follow up on your application. All requests must be received at least **60 days** prior to the event date.**

I certify that all information on this application is true and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_