



BOROUGH OF KENNETT SQUARE  
120 MARSHALL STREET – KENNETT SQUARE, PA 19348  
PHONE: 610.444.6020 EXT 103 FAX: 610.444.3216

**APPLICATION FOR TEMPORAY OUTDOOR  
SALES PERMIT**

INDIVIDUAL/COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # ( ) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

TYPE OF PRODUCT TO BE SOLD/DISTRIBUTED \_\_\_\_\_

LOCATION OF THE OUTDOOR SALES \_\_\_\_\_

LIST NAMES OF PERSONS WHO WILL BE RESPONSIBLE FOR COMPLIANCE ENFORCEMENT OF  
CDC/CCHD AND BOROUGH CODES GUIDELINES. (IF MORE ROOM IS NEEDED, USE OTHER SIDE) \_\_\_\_\_

DATE OUTDOOR SALES TO BEGIN: \_\_\_\_\_

I, THE UNDERSIGNED APPLYING FOR THIS PERMIT, HEREBY CERTIFY THAT THE STATEMENTS  
CONTAINED HEREIN, ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ALSO AGREE  
TO ABIDE BY THE ORDINANCES OF KENNETT SQUARE BOROUGH. **I AM AWARE NO PRODUCT  
MAY BE SOLD AFTER 11pm.**

**ANY FOOD BEING SERVED OUTSIDE NEEDS A CURRENTLY VALID LICENSE TO OPERATE A  
PUBLIC FOOD SERVICE FACILITY FROM THE CHESTER COUNTY HEALTH DEPARTMENT.**

**APPLICANT MUST PROVIDE A CERTIFICATE OF GENERAL LIABILITY INSURANCE, IN THE  
APPLICANT'S NAME AND IDENTIFYING KENNETT SQUARE BOROUGH AS A CERTIFICATE  
HOLDER AND ADDITIONAL INSURED.**

**APPLICANT WILL CONTACT THE CODES DEPARTMENT FOR INSPECTION OF OUTDOOR SALES  
AREA PRIOR TO OPERATING**

DATE \_\_\_\_\_ APPLICANT SIGNATURE \_\_\_\_\_

AGENT FOR \_\_\_\_\_

-----  
**FOR BOROUGH USE ONLY**

TYPE OF PERMIT:    TEMPORARY \_\_\_\_\_

APPROVED BY: \_\_\_\_\_