

Borough of Bellevue  
537 Bayne Ave, Bellevue, Pa 15202  
Telephone (412) 766-7453 Fax (412) 766-5930

**SIDEWALK, FOOD SERVICE PERMIT APPLICATION**

DATE: \_\_\_\_\_

APPLICANT: (Full Name) \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TYPE OF BUSINESS:  RESTAURANT  PIZZA SHOP  HOT DOG SHOP  OTHER \_\_\_\_\_

**PERMIT FEE: \$ 30.00**      DATE RECEIVED: \_\_\_\_\_      RECEIVED BY: \_\_\_\_\_

HEALTH DEPT PERMIT #: \_\_\_\_\_ **WITH MY/OUR SIGNATURE, I/WE HEREBY ATTEST THAT I/WE HAVE RECEIVED A COPY OF ORDINANCE (PERMITTING CERTAIN PORTIONS OF THE SIDEWALKS TO BE USED FOR THE SALE OF FOOD) AND FULLY UNDERSTAND AND AGREE TO ABIDE BY THE REQUIREMENTS AS SET FORTH THEREIN. \*MUST ATTACH COPY OF INSURANCE POLICY.**

APPLICANT(S) SIGNATURE(S): \_\_\_\_\_

APPROVED                       DISAPPROVED

CODE OFFICIAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**SIDEWALK, FOOD SERVICE PERMIT**

ISSUE DATE: \_\_\_\_\_                      PERMIT NO. \_\_\_\_\_

APPLICANT: (Full Name) \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TYPE OF BUSINESS:  RESTAURANT  PIZZA SHOP  HOT DOG SHOP  OTHER \_\_\_\_\_

PERMIT EXPIRATION DATE: **DECEMBER 31,** \_\_\_\_\_

CODE ENFORCEMENT OFFICER : \_\_\_\_\_

**MUST BE DISPLAYED IN WINDOW OF BUSINESS DURING SIDEWALK USE**