



CITY OF BETHLEHEM

10 East Church Street, Bethlehem, Pennsylvania 18018-6025

Department of Fire

www.bethlehem-pa.gov/fire

Phone: 610 865-7140

Fax: 610 997-5746

TDD: 610 865-7143

REQUEST FOR COOKING PERMIT

Location of structure or site for cooking: _____ Date: _____

Start Time: _____ am/pm End Time: _____ am/pm Rain Date: _____

Property Owner's Name: _____

Property Owner's Address: _____ City: _____ State: _____

Property Owner's Phone: (____) _____

Contractor's Name: _____

Contractor's Address: _____ City: _____ State: _____

Contractor's Phone: (____) _____

Contractor's PROOF of Insurance: Insurance Co: _____ Policy Number: _____

Applicant's Name: _____

Applicant's Address: _____ City: _____ State: _____

Applicant's Phone: (____) _____

APPLICATION MUST INCLUDE LEGIBLE CURRENT COPIES OF SITE PLAN LAYOUT, PERFORMANCE DISCRIPTION, CERTIFICATE OF INSURANCE, SET-UP DATE/COMPLETION TIME IN ORDER TO SCHEDULE INSPECTION OF THE SITE OR PERFORMANCE VENU.

Application and accompanying paperwork must be received **NO LESS** than 2 weeks prior to event. Permit fee (\$54.00) payable by cash or check only – make check payable to “City of Bethlehem”

Fax or Mail to: City of Bethlehem
Department of Fire
Attention: Fire Inspection Bureau
Room 311A
10 E. Church Street,
Bethlehem, PA 18018



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CITY OF BETHLEHEM BUREAU OF CODE ENFORCEMENT WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION

If you are a not required to provide Worker's Compensation Insurance, complete Part A and Part B and have this form notarized.

PART A

Name of Applicant _____

Company Name _____

Address _____

Employer Identification No. _____ City _____ State _____ Zip Code _____
Phone No. _____

PART B

The undersigned swears or affirms that he/she is not required to provide Worker's Compensation Insurance under the provisions of Pennsylvania's Worker's Compensation Law for one of the following reasons, as indicated.

Contractor with no employees. **Contractor prohibited by law from employing any individual to perform work unless contractor provides proof of insurance to the City.**

Contractor Exempt from providing Worker's Compensation Insurance.
Reason _____

Applicant's Signature

(Seal)

Subscribed and sworn to before me this

Day of _____ 20____

(Signature of Notary Public)