

**CITY OF NIAGARA FALLS
MOBILE FOOD VENDING APPLICATION**

Date Stamp Here

DATE OF APPLICATION: _____ DATE OF ISSUANCE: _____

DURATION	MOBILE FOOD VEHICLE
YEARLY PERMIT (Per Vehicle)	\$200.00
1 DAY PERMIT (Per Vehicle)	\$50.00

**APPLICATION FOR MOBILE FOOD PERMIT
PRIMARY:**

NAME _____

HOME ADDRESS _____

LOCAL ADDRESS _____

TELEPHONE NUMBER _____

NYS DRIVER'S LICENSE/NON DRIVER'S NUMBER _____

DESCRIPTION OF THE BUSINESS OR ACTIVITY IN WHICH YOU INTEND TO
ENGAGE AND THE NATURE OF ANY PROPERTY OR SERVICE
INVOLVED _____

SPECIFIC LOCATIONS OR EVENT FOR CONDUCTING BUSINESS _____

EMPLOYEE/AGENT OF (BUSINESS NAME & ADDRESS) _____

MOTOR VEHICLE USED:
DESCRIPTION OF VEHICLE _____

REGISTRATION AND LICENSE NUMBERS _____

ARRESTS/CONVICTIONS (DATES/PLACES) _____

OTHER LICENSES OR PERMITS ISSUED BY CITY OF NIAGARA FALLS
WITHIN PAST FIVE (5) YEARS

I have read Chapter 343 of the Codified Ordinances entitled "Mobile Food Vending". I hereby certify that the information I have provided on this application is true and correct.

SIGNATURE (MUST BE NOTARIZED) _____

Sworn to before me this
_____ Day of _____, _____

(Notary Stamp)

Notary Public

***APPLICATION FOR: 1 DAY PERMIT WITH VALID ANNUAL MOBILE FOOD VENDOR PERMIT ISSUED BY A MUNICIPALITY IN EITHER NIAGARA OR ERIE COUNTY**

COPY ATTACHED OF VALID MOBILE FOOD PERMIT

NAME & ADDRESS OF MOBILE FOOD VENDOR _____

BUSINESS PHONE NUMBER _____

LOCATION OF EVENT _____

DATE(S) _____

HOURS OF OPERATION _____

SIGNATURE _____

****FOR CLERK'S OFFICE:**

EVENT FEE PAID _____

FOR USE OF CLERK'S OFFICE

ATTACHMENTS TO APPLICATION:

___ INFORMATION COMPLETED - APPLICATION COMPLETED & NOTARIZED

___ ID VERIFIED (PROOF OF AGE) - COPY OF DRIVER'S LICENSE

___ INSURANCE CERTIFICATES - GENERAL AND PRODUCT LIABILITY
\$1M PER OCCURRENCE/\$2M GENERAL AGGREGATE
CITY OF NIAGARA FALLS AS ADDITIONAL INSURED

___ NYS SALES TAX CERTIFICATE (IF REQUIRED)

___ NIAGARA COUNTY HEALTH DEPT. PERMIT, APPLICABLE TO FOOD SALES

___ VEHICLE INFORMATION VERIFIED - COPY OF REGISTRATION

___ BACKGROUND/RECORD CHECK FOR APPLICANT - POLICE RECORD CHECK(S)
ATTACHED

___ PHOTO OF TRUCK/TRAILER FOR **NEW APPLICANTS**

___ *APPROVAL LETTER FROM PRIVATE PROPERTY OWNER (IF APPLICABLE)

___ *APPROVAL LETTER FROM OLD FALLS STREET MANAGER (IF APPLICABLE)

___ RECEIVED IN CLERK'S OFFICE

FOR POLICE DEPARTMENT USE ONLY:

APPLICATION TYPE

MOBILE FOOD PEDDLER:

Approved

Denied

Date

Results & Findings: _____

Signature & Title

FOR CITY CLERK'S OFFICE USE ONLY

City Clerk's Office

Approved

Denied

Date

License Number Issue

Number

Date