

Date Stamp Here

CITY OF NIAGARA FALLS
MOBILE FOOD VENDING APPLICATION

DATE OF APPLICATION: _____ DATE OF ISSUANCE: _____

DURATION	MOBILE FOOD VEHICLE
YEARLY PERMIT (Per Vehicle w/owner)	\$200.00
1 DAY PERMIT (Per Vehicle w/owner)	\$50.00
EACH EMPLOYEE YEARLY	\$35.00
EACH EMPLOYEE 1 DAY	\$15.00

APPLICATION FOR MOBILE FOOD PERMIT
PRIMARY:

NAME _____

HOME ADDRESS _____

LOCAL ADDRESS _____

TELEPHONE NUMBER _____

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

****PLEASE LIST ASSISTANT(S) INFORMATION ON SUPPLEMENTAL FORM****

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 _____ EMPLOYEE (S) FEE PAID _____

CITY OF NIAGARA FALLS
MOBILE FOOD VENDOR LICENSE APPLICATION

ASSISTANT #1

NAME _____

HOME ADDRESS _____

TELEPHONE NUMBER _____

NYS DRIVER'S LICENSE/NON DRIVER NUMBER _____

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

___ POLICE RECORD CHECK

ASSISTANT #2

NAME _____

HOME ADDRESS _____

TELEPHONE NUMBER _____

NYS DRIVER'S LICENSE/NON DRIVER NUMBER _____

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

___ POLICE RECORD CHECK

ASSISTANT #3

NAME _____

HOME ADDRESS _____

TELEPHONE NUMBER _____

NYS DRIVER'S LICENSE/NON DRIVER NUMBER _____

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

___ POLICE RECORD CHECK

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 EACH EMPLOYEE - POLICE RECORD
CHECK(S) ATTACHED

___ *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