

**CITY OF NORTH TONAWANDA-MOBILE FOOD VENDOR LICENSE  
APPLICATION**

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City clerk's office · 216 Payne Avenue · North Tonawanda, NY 14120  
Phone (716) 695-8555 · Fax (716) 695-8557

**SPECIAL EVENT FOOD TRUCK PERMIT**

**Type of Entity:**     Sole Proprietor     Corporation     Partnership     Limited Liability Company

**Corporation Name** \_\_\_\_\_ **Business Phone ( )** \_\_\_\_ - \_\_\_\_

**Business Name (dba)** \_\_\_\_\_ **Business Fax ( )** \_\_\_\_ - \_\_\_\_

Business Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

NYS Tax ID # \_\_\_\_\_ Business Website \_\_\_\_\_

Email \_\_\_\_\_

**Information for application and each corporate officer**

**Applicant (last, first)** \_\_\_\_\_ **Home Phone ( )** \_\_\_\_ - \_\_\_\_

Home Address \_\_\_\_\_

**Corporate Officer (last, first)** \_\_\_\_\_ **Home Phone ( )** \_\_\_\_ - \_\_\_\_

Home Address \_\_\_\_\_

**Information on Mobile Food Vehicle**

**Description of Motor Vehicle:** Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Registration # (VIN) \_\_\_\_\_ Expiration \_\_\_\_\_ Plate # \_\_\_\_\_

**Information on Special Event**

**Title of Event** \_\_\_\_\_ **Date(s)** \_\_\_\_\_

**Location of Event** \_\_\_\_\_

**Name of Organizer/Organization** \_\_\_\_\_

**Official Event Representative:** \_\_\_\_\_ **Phone # ( )** \_\_\_\_ - \_\_\_\_

**Official Representative Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Include the following documentation:**

- \_\_\_\_\_ **Motor Vehicle Registration from NYS DMV**
- \_\_\_\_\_ **Valid Motor Driver's License** of each vehicle operator from NYS DMV
- \_\_\_\_\_ **Criminal Background Check** of the applicant and all other employees
- \_\_\_\_\_ **Niagara County Health Permit**
- \_\_\_\_\_ **Insurance (Public Liability, Food Products Liability and Property Insurance. Insurance shall name the City of North Tonawanda as addition insured and shall provide coverage not less than \$1,000,000 per occurrence/\$2,000,000 aggregate.**
- \_\_\_\_\_ **\$75 Application Fee**      \_\_\_\_\_ **Fee Waived (Maintains Annual MFV Permit)**
- \_\_\_\_\_ **Date Issue** \_\_\_\_\_

**I AM AWARE OF THE FOLLOWING RESTRICTIONS:** abide by parking/traffic laws; must operate from streets and public property and at least 150 feet from an open licensed food establishment; has a 'measuring wheel' with a capacity of no less than 500 feet; vehicle must be equipped with trash receptacles; permanently and prominently affix to the vehicle the issue decal; operate 500 feet away from a sanctioned Special Event unless obtained a Special Events Permit. *I am aware of the obligation to provide timely notice of change in required information.*

Vendor acknowledges that it shall hold harmless the City and its officers and employees, and shall defend, indemnify and hold harmless the City and its officers and employees for any claims for damage to property or injury to persons which may be occasioned by any activity carried on under the terms of the license. Vendor shall furnish and maintain such public liability, food products liability, and property insurance, as will protect the vendor and the City from all claims for damage to property or bodily injury, including death, which may arise from the operations under the license or in connection therewith. Such insurance shall name the City of North Tonawanda as an additional insured and shall provide coverage of not less than \$1,000,000 per occurrence/\$2,000,000 aggregate. The policy shall further provide that it may not be cancelled except upon 30 days' written notice served upon the City Clerk. This permit is not valid until insurance is provided to the City Clerk's Office.

**Name and Signature of applicant and each corporation officer**

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Subscribed and sworn to before me  
This    day of    , 20    .

\_\_\_\_\_  
Notary Public