



OFFICE USE ONLY

Permit Number:

MFV- _____.

Fee: \$ _____.

Rx'd on: _____.

By: _____.

APPLICATION FOR Mobile Food Vendor License

Is this application:

NEW RENEWAL

Applicant Information

Type of Entity: Sole Proprietor Corporation Partnership LLC

Corporation Name _____

Business Phone () _____ - _____

Business Name (dba) _____

Business Fax () _____ - _____

Business Address (no PO Box) _____

Mailing Address (if different) _____

NYS Tax ID # _____ Business Website _____

E-Mail _____

Information for applicant and each corporate officer(attach additional paper as necessary)

Applicant (last, first) _____

Home Phone () _____ - _____

Home Address: (PO Box not acceptable) _____

Corporate officer (last, first) _____

Home Phone () _____ - _____

Home Address: (PO Box not acceptable) _____

Include the following documentation:

1. **Motor Vehicle Registration** from NYS DMV
2. **Copy of valid Driver's License** of each vehicle operator from NYS DMV
3. **Copy of Erie County Health Department Permit**
4. **Insurances Required:**
 - a) **Public Liability**
 - b) **Food Products Liability**
 - c) **Property Insurance**

***Coverage of not less than \$1,000,000 per occurrence with the certificate holder as Village of Alden/Code Enforcement Officer, 13336 Broadway Alden, New York 14004.
5. **Worker's Compensation Insurance** or, if no employees, an Exemption Certificate must be submitted. Certificates must have Certificate Holder listed as Village of Alden/Code Enforcement Officer, 13336 Broadway Alden, New York 14004.
6. **Information and documentation** showing proof of compliance with ALL requirements of Section 125-11 of the Code of the Village of Alden (see attached).

NOTE: A criminal background check may be required after review of this application. Background check fees may apply and are due before background check is performed. Applicable license fees are due before a license is issued.

The undersigned hereby certifies that the requirements of this application have been read, and that all information supplied is correct and true.

Name of Applicant

Signature of Applicant

Date

Subscribed and sworn to before me this
___ day of _____ 20___

Commissioner of Deed/Notary Public

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Inspection Performed on _____ by _____

Permit is: Approved Denied

by Village Board of Trustees on _____

Code Enforcement Officer: _____ Date: _____