



OFFICE USE ONLY

Permit Number: TMFV-_____ - _____. Fee: \$ _____.

Received on: _____ By: _____.

APPLICATION FOR *Temporary*
Mobile Food Vendor License

For the following community event: _____

Date(s) of event: _____

Location of event: _____

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 (Unless covered by insurance of community event, see below):**
 - 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. Certificates must have Certificate Holder listed as Village of Alden/Code Enforcement Officer, 13336 Broadway Alden, New York 14004.

I, _____ hereby certify that the applicant is covered, for insurance
(print name)

purposes, under existing insurance policies in place for _____.
(event name)

Print Name: _____

Signed: _____ Date: _____

Title: _____

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

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Permit is: Approved Denied For the following dates: _____

by Village Board of Trustees on _____

Code Enforcement Officer: _____ Date: _____