City of Glens Falls
Mobile Food Unit License/Permit – Chapter 156 - Article III of City Code

For Profit: ☐ Not for Profit Organization: ☐

Required Fees for vending:

☐ $25.00 Weekly

☐ $100 Yearly (January 1 – December 31)

Permit: ☐ Pick up ☐ Mail

Business Name: _____

Applicant's Full Name: _____

Other Last Names Including Maiden Name: _____

Mailing Address: _____

_____

Business Phone #: _____ Cell #: _____

Email: _____

Name & Address of Mobile Unit Owner if Different: _____

_____

Federal ID #: _____ Sales Tax #: _____

NYS Health Department Approval: Yes: ☐ No: ☐

Names & Addresses of all salespersons of Mobile Food Unit. (Use back of form for Additional names & addresses): _____

_____

_____

Has Applicant Ever Been Convicted of a Crime, Misdemeanor or a Violation of Municipal Ordinance: Yes: ☐ No: ☐ If so, Nature of the Offense, Date and Place: _____

_____

Names & Addresses of persons, firms or corporations from whom food and beverage have been or will be purchased: _____

_____

Event/ Date/ Location: _____

_____

Description of Mobile Unit: _____

Vehicle Year: _____ Make & Model: _____

Color: _____ State: _____ Plate #: _____

Date: _____ Signature of Applicant: _____

Please note that all application fees are non-refundable

Must include:

1. copies of driver's licenses of all applicants & salespersons
2. copies of NYS Department of Health permit or NYS Ag & Markets permit

********** Official Use Only **********

Approved By:

Dated: _____ Chief of Police: _____

Common Council Approved on Date: _____