

CITY OF TONAWANDA
FOOD TRUCK VENDOR – PERMIT APPLICATION

PERMIT/FEES: All Fees are non-refundable

_____ MOBILE FOOD VENDOR	\$ 200.00 (includes background check)
_____ MOBILE FOOD VENDOR (Consecutive Year)	\$ 100.00 (includes background check)
_____ SPECIAL EVENT PERMIT (if needed)	\$65.00 (includes background check)
_____ Name of SPECIAL EVENT (if applicable)	
_____ FOOD TRUCK THURSDAY	\$65.00 (includes background check)

Applicant's Name: (please print) _____ Date: _____

Street: _____

City: _____ State: _____ Zip: _____

Local Address (if different): _____

Telephone: (home) _____ (cell) _____

SS#: _____ Date of Birth: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Business Name: _____

Business Address: _____

Driver's License: (must present when submitting application)

State: _____ Number: _____ Expiration: _____

If presenting an out of state driver's license, you must also submit a Police Background Check from each location where you have previously resided.

List any crimes resulting in arrest or conviction: _____

Explain the product/service to be sold _____

New York State Sales Use Tax Number: _____

Days & Hours of Operation: _____

THIS SECTION FOR TRANSIENT BUSINESS OR MOBILE FOOD VEHICLE PERMITS ONLY:

Description of motor vehicle: Year _____ Make _____ State _____

Registration # (VIN): _____ Expiration: _____ Plate#: _____

Location of transient business or mobile food vehicle location: _____

1. If your transient business or mobile food vehicle will reside on private property, you must attach a written letter of consent from the property owner to this application, including contact information (name, address and phone number) of the owner of record.
2. If you are vending food products you must supply a copy of your Health Department Operating Permit before we can accept this application.

Signature of Applicant *(This signature gives consent to having a background check performed.)*

Sworn to me this _____ day of _____

Notary Public

Stamp

Background Check Officer:

Approved _____ Disapproved _____

Signature

City Clerk:

Approved _____ Disapproved _____

Signature

PLEASE NOTE: SALE OF FOOD IS NOT ALLOWED UNTIL A PERMIT IS OFFICIALLY ISSUED. THE PERMIT MUST BE PRODUCED UPON REQUEST. THERE ARE NO REFUNDS FOR APPLICATIONS THAT ARE DENIED.

Authorization and Consent

I _____, DOB _____ on this date, _____ authorize the City of Tonawanda Police Dept., to conduct what ever interviews and/or background investigation deemed necessary in their attempt to ascertain suitability and fitness of my character for a position of PEDDLER/FOOD TRUCK within the City of Tonawanda. I give this authorization and consent voluntarily. (Form must be signed in front of a Notary Public or Commissioner of Deeds.)

Date: _____

Signature of applicant: _____

Parent signature: _____
(Required if under 18 years of age.)

Sworn to me before this _____ day of _____, 20_____.

Signature of Notary Public or Commissioner of Deeds.

PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE.

Applicant's Name _____

WAIVER

In your own handwriting, copy the following paragraph in the space provided. Then sign the form in the appropriate place, having your signature witnessed by a NOTARY PUBLIC OR COMMISSIONER OF DEEDS. Your signature affixed in the indicated location, is an endorsement of your agreement with the contents of your handwritten paragraph.

"I, _____, HEREBY WAIVE ANY AND ALL RIGHTS THAT I MAY HAVE UNDER THE LAWS OF THE UNITED STATES AND THE LAWS OF THE STATE OF NEW YORK, CONCERNING ACCESS TO DOCUMENTS, (sealed or not sealed) AND INFORMATION DEVELOPED AND OBTAINED BY MEMBERS OF THE CITY OF TONAWANDA POLICE DEPARTMENT IN THEIR INVESTIGATION OF MY CHARACTER AND FITNESS FOR A PEDDLER/FOOD TRUCK PERMIT WITH THE CITY OF TONAWANDA. THIS WAIVER INCLUDES, BUT IS NOT LIMITED TO, ANY INFORMATION OR WRITTEN STATEMENTS OF ANY PERSON INTERVIEWED BY SAID MEMBERS OF THE CITY OF TONAWANDA POLICE DEPARTMENT CONCERNING THEIR OPINIONS OF MY CHARACTER AND FITNESS FOR THE ABOVE MENTIONED POSITION."

Dated: _____ Applicant's Signature _____

Sworn to me before this _____ day of _____, 2_____

Notary Public – Commissioner of Deeds