2026 TOWN OF ORCHARD PARK
MOBILE VENDING PERMIT
EXCLUDING STADIUM EVENTS

NAME OF ORGANIZATION:_____

ADDRESS:_____

CITY/STATE/ZIP:_____

CONTACT PERSON: _____EMAIL:_____

PHONE: (CELL) _____(HOME/WORK)_____

Description of Motor Vehicle: Year_____ Make/Model_____

VIN #: _____Plate #:_____

LOCATION OF EVENT: _____

DATE OF EVENT & START-END TIME: _____

PROPERTY OWNER -- PRINT, SIGN, AND PHONE #: _____

DESCRIPTION OF PRODUCTS TO BE SOLD: _____

- ❑ **CERTIFICATE OF LIABILITY INSURANCE**
- ❑ **ERIE COUNTY DEPARTMENT OF HEALTH MOBILE FOOD SERVICE ESTABLISHMENT PERMIT**
- ❑ **IF A CONVEYANCE (ICE CREAM TRUCK, HOT DOG CART, ANY MOBILE DEVICE) INCLUDE A PHOTO OF THE VEHICLE, INSURANCE AND REGISTRATION.**
- ❑ **NYS SALES TAX #_____**
- ❑ **UL LISTING FOR ONSITE EQUIPMENT (OPERATORS PERMIT REQUIRED)**

LIST ADDITIONAL EVENTS ON REVERSE SIDE OF PAGE

NON-REFUNDABLE FEES:

PERMIT APPLICATION $100.00: Date Paid_____ Payment Type _____ Clerk Initials _____

OPERATING PERMIT / INSPECTION $75.00**:** Date Paid _____ Payment Type _____ Clerk Initials _____

Date of Town Board Meeting: _____

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR THE ABOVE DESCRIBED SPECIAL EVENT, AND AGREE TO BE BOUND BY THE TERMS HEREIN STATED.

PRINT NAME: _____

SIGNATURE: _____**DATE:** _____

OFFICE USE ONLY: ADDITIONAL SERVICES TO BE DETERMINED BY TOWN DEPARTMENTS

DATE OF INSPECTION BY CODE ENFORCEMENT: _____

TOWN BOARD Approved_____Denied _____ Date_____

BUILDING Approved _____ Denied_____ Date_____

POLICE(If on Public Highways) Approved_____Denied _____ Date_____

TO BE NOTIFIED: ❑ EMERGENCY DISASTER COORDINATOR

APPLICANT NOTIFIED Date: _____

- **ANY FURTHER SUBMISSIONS MUST BE SUBMITTED 2 WEEKS PRIOR TO EVENT FOR APPROVAL.**
- **NO MOBILE VENDING WILL OCCUR BEFORE 8:00AM OR AFTER 11:00PM.**
- **FINAL APPROVAL IS AT THE DISCRETION OF THE ORCHARD PARK TOWN BOARD.**
- **FAILURE TO COMPLY WITH THESE TERMS WILL RESULT IN A FINE OF UP TO $2,000.00.**

Valid for the Fiscal Year, January 1 through December 31

Town Clerk Seal

2026 TOWN OF ORCHARD PARK
MOBILE VENDING PERMIT
EXCLUDING STADIUM EVENTS

ADDITIONAL EVENTS

1) LOCATION OF EVENT_____

DATE OF EVENT: _____

START AND END TIME OF EVENT: _____

PROPERTY OWNER PRINT, SIGN & PHONE #:_____

LOCATION OF SETUP / SITE PLAN / SURVEY (SEE BUILDING INSPECTOR WITH QUESTIONS):

_____

BUILDING INSPECTOR Approved _____ Denied_____ Date_____

2) LOCATION OF EVENT_____

DATE OF EVENT: _____

START AND END TIME OF EVENT: _____

PROPERTY OWNER PRINT, SIGN & PHONE #:_____

LOCATION OF SETUP / SITE PLAN / SURVEY (SEE BUILDING INSPECTOR WITH QUESTIONS):

_____

BUILDING INSPECTOR Approved _____ Denied_____ Date_____

3) LOCATION OF EVENT_____

DATE OF EVENT: _____

START AND END TIME OF EVENT: _____

PROPERTY OWNER PRINT, SIGN & PHONE #:_____

LOCATION OF SETUP / SITE PLAN / SURVEY (SEE BUILDING INSPECTOR WITH QUESTIONS):

_____

BUILDING INSPECTOR Approved _____ Denied_____ Date_____

4) LOCATION OF EVENT_____

DATE OF EVENT: _____

START AND END TIME OF EVENT: _____

PROPERTY OWNER PRINT, SIGN & PHONE #:_____

LOCATION OF SETUP / SITE PLAN / SURVEY (SEE BUILDING INSPECTOR WITH QUESTIONS):

_____

BUILDING INSPECTOR Approved _____ Denied_____ Date_____

ERIE COUNTY DEPARTMENT OF HEALTH
FOODSERVICE FACILITY PERMIT APPLICATION
FOR INFORMATION, CALL (716) 961-6800
This application is not a permit.
Operation of a regulated facility without a valid permit is a violation of the Sanitary Code.
This application must be submitted at least 21 days before the start of operation or prior to the expiration date of the existing permit
PLEASE PRINT OR TYPE – ILLEGIBLE OR INCOMPLETE APPLICATIONS WILL DELAY PROCESSING

☐ *Restaurant 0-50 Seats* ☐ *Restaurant over 50 seats* ☐ *+Frozen Dessert*
☐ *Caterer* ☐ *Mobile Food Truck* ☐ *Push Cart*
☐ *Food Commissary Prep & Storage* ☐ *Food Commissary Storage Only*
☐ *Ownership change of existing facility* ☐ *Name change only of existing facility*

FACILITY INFORMATION

Facility Name (as it will appear on permit) _____
Facility Street Address _____
Facility City, Zip Code _____ Facility Phone _____

OWNER / OPERATOR INFORMATION

Corporation Name _____
Owner/Operator Name_____
Address _____
City, State, Zip _____
Phone _____ email _____

MAILING ADDRESS

☐ Billing / Correspondence to be sent to facility address as above
☐ Billing / Correspondence to be sent to Owner/Operator address as above
☐ Send all correspondence to alternate address: Name _____
Address _____
City, State, Zip _____
Email contact _____

Workers Compensation and Disability Insurance Information

Indicate below the form provided as proof
Workers Compensation Insurance
☐Form C-105.2 ☐ Form U-26.3 ☐ Form SI-12 ☐ Form GSI-105.2
NYS Disability Insurance
☐ Form DB-120.1 ☐ Form DB-155
Certification of Attestation of Exemption from NYS Workers Compensation and/or Disability Benefits Coverage
☐ Form CE-200
For CE-200, you can apply at www.businessexpress.ny.gov .You will be asked to create a NY.gov account if you do not already have a login.

Mobile Food Trucks & Pushcarts

A letter from the owner of the permitted facility granting permission to utilize their kitchen must be submitted along with this application

Name of Commissary _____

Commissary Address _____

Commissary City, Zip Code _____ Commissary Phone _____

Contact person at commissary _____

License Plate # / VIN # (if applicable) _____

WATER / SEWAGE FACILITES AT ESTABLISHMENT

☐ Public Water ☐ Private Water (Well) ☐ Public Sewer ☐ Private On-Site Waste-Water Treatment System

If private water/sewage please specify operator/responsible party _____

CORPORATION / PARTNERSHIP / LLC / ADDITIONAL OFFICERS

List all officers/partners:

Name	Title	Address	Telephone	email

DAYS / HOURS OF OPERATION

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time							
Closing Time							

Seasonal facilities please specify months of operation:

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

If this application is approved, the undersigned applicant hereby agrees to operate the facility described in complete compliance to the New York State Sanitary Code and any other rules, codes, regulation applicable to its operation. Applicant also acknowledges that workers compensation and disability benefits insurance are in force as required.

Date _____ Signature of Operator_____ Title_____

Print Name _____

PLEASE MAKE CHECK PAYABLE TO "COMMISSIONER OF FINANCE"

Send application and fee to: Erie County Dept. of Health
503 Kensington Ave.
Buffalo, NY 14214

Town of Orchard Park

Date: _____

BUILDING INSPECTOR'S OFFICE
S 4295 South Buffalo Street
Orchard Park, New York 14127-2609

Phone: 716-662-6430
Fax: 716-662-6419
www.orchardparkny.org

Operating Permit Application

Part I: Applicant/ Building Information

Applicant's Name: _____

Applicant's Address: _____

Contact Person: _____ Phone: _____

Location of Activity:_____ SBL: _____

Duration of Activity:_____

Current Occupancy Class: _____

Contractor: _____ Phone: _____

Part II: Type of Operating Permit

An Operating Permit is required to conduct any activity or to use any class of building listed below. **Please indicate the type(s) of Operating Permit(s) requested by checking each applicable box.** (If you require assistance, or would like more information, contact the Town of Orchard Park Building Department at 662-6430.)

☐ **Tents** with sides, exceeding 400sf. ☐ **Tents** with no sides, exceeding 700sf.
Quantity/Sizes _____Site Plan_____

☐ **Propane** tank – awaiting use, resale or exchange stored outside of buildings.

Quantity/Sizes_____ Site Plan_____ Distance from an opening_____

☐ **Carbon Dioxide** (CO_2) Systems used in beverage dispensing, exceeding 100lbs of CO_2.

☐ **Pyrotechnic devices** displays Site Plan_____ NYS license_____ Quanities/Type_____

☐ **Food Truck** (mobile food preparation vehicle) Propane Alarm____ Suppression System___

K Extinguisher_____ ABC Extinguisher _____ Plate Number _____

Operating

Town of Orchard Park

Date: _____

Other Operating Permit Uses

☐ Use of a building containing one or more areas of public assembly of public assembly with an occupant load of 100 persons or more_____

☐ Manufacturing, storing or handling hazardous materials in quantities exceeding those listed in the uniform code._____

☐ Conducting a hazardous process or activity (commercial operation which produces combustible dust as a byproduct, fruit and crop ripening, and waste handling._____

☐ Use of pyrotechnic devices in assembly occupancies._____
_____

☐ Use of a building whose use or occupancy classification has been determined by the Town of Orchard Park as posing a substantial potential hazard to public safety.

Part III: Premises/ Building Information

Operating Permit Application Form

Public display Requires Board Approval/ limited for:

_____

_____

_____

To the best of my knowledge, the foregoing petition and plans conform to the ordinances of the Town of Orchard Park. The Building Inspector(s) are permitted to enter the premises listed herein in any reasonable time to perform all required inspections of the permitted work.

Property Owner: _____
Print and Sign

Address: _____

_____
City State Zip

☐ Letter of Authorization Submitted

Official Use Only:

Town Clerk Stamp

Items supplied: ☐ Survey or Drawing ☐ Specs ☐ Disability _____ ☐ Workers Compensation _____
☐ Insurance Wavier_____ ☐ Liability_____ ☐ prescribed period _____ ☐ until revoked_____

Building Inspector: _____Inspection Date_____ Issued: _____

Permit #: _____ Permit Fee_____ + Additional Fee_____= _____