

**City of Glens Falls**  
**Mobile Food Unit License – Chapter 156 – Article III of City Code**

For profit: \_\_\_\_\_ Not for Profit Organization: \_\_\_\_\_

Required Fees for food vending: \_\_\_ \$75.00 Weekly - Dates \_\_\_\_\_  
  \_\_\_ \$500 Seasonal-6 months    \_\_\_ \$700 Annual-Yearly

Applicant Name: \_\_\_\_\_

Other Last Names Including Maiden Name: \_\_\_\_\_

Applicant Date of Birth: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Name and address of Mobile Unit Owner if different: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ Sales Tax #: \_\_\_\_\_

NYS Health Department Approval: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Names and addresses of operators of mobile food unit. (Use back of form for additional names.): \_\_\_\_\_

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 and addresses of persons, firms or corporations from whom food and beverage have been or will be purchased: \_\_\_\_\_

Event or location where vending to take place: \_\_\_\_\_

Description of mobile unit: \_\_\_\_\_

Vehicle, Year: \_\_\_\_\_ Make & Model: \_\_\_\_\_

Color: \_\_\_\_\_ State: \_\_\_\_\_ License #: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

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

Approved By: \_\_\_\_\_

Dated: \_\_\_\_\_ Chief of Police: \_\_\_\_\_

Common Council Resolution #: \_\_\_\_\_ Meeting Date: \_\_\_\_\_