

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 Full 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: _____