

TOWN OF COBLESKILL

MOBILE FOOD VENDOR APPLICATION

DATE: _____

OWNER INFORMATION: (PLEASE PRINT CLEARLY)

NAME: _____

ADDRESS: _____

PHONE NUMBER: () _____

EMAIL ADDRESS: _____

BUSINESS INFORMATION:

BUSINESS/COMPANY NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE NO: () _____

TYPE OF FOOD VENDOR: (CIRCLE ONE) **TRUCK** **TRAILER** **CART**

TYPE OF BUSINESS: _____

CONTACT PERSON: _____

CONTACT PHONE NO: () _____

OPERATING INFORMATION:

Schoharie County Health Department Permit Permit Number _____

Liability Insurance Certificate –ACCORD 25 Form (town of Cobleskill MUST be listed on Certificate holder)

Written Permission/Agreement with Property Owner

Set Fire Inspection for: (date) _____

Location/Event to operate

I, _____, OWNER OF _____

SHALL INDEMNIFY AND HOLD HARMLESS THE TOWN OF COBLESKILL AND ITS OFFICERS AND EMPLOYEES FOR ANY CLAIMS FOR DAMAGE TO PROPERTY OR INJURY TO PERSONS WHICH MAY BE OCCASIONED BY ANY ACTIVITY CARRIED UNDER THE TERM OF THIS LICENSE.

I further understand that this license may be revoked pursuant to the provisions in this chapter by the Code enforcement officer for any of the following causes:

- A. Due to the Schoharie County Department of Health advising us of violations relating to the law or sanitary code of Schoharie County, or shutting the mobile vendor down for any reason while within the jurisdiction of the Town of Cobleskill.
- B. Any lapse of liability insurance coverage

Application is hereby made or the permit described above and detailed in the information submitted. I the undersigned applicant, certify that the above information is true to the best of my knowledge and that the action granted under this permit will comply with all applicable ordinances.

APPLICANTS SIGNATURE: _____

State of New York SS:
County of Schoharie

On this _____ day of _____, 20____ before me personally came _____
to me personally known to be the person described in and who executed the forgoing document.

Notary Public

FOR OFFICE USE _____

Fire inspection Completed on the following date: _____

Inspection Completed by; _____

Permission is here by granted to carry out the action described above as set forth in the information now on file in this office. Any changes must first be submitted for approval.

Mike Piccolo, Code Enforcement Officer

Date

Permit Number