



DANIEL P. McCOY  
County Executive

**DEPARTMENT OF HEALTH**  
COUNTY OF ALBANY  
175 GREEN STREET  
ALBANY, NEW YORK 12202

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Administration

[www.albanycounty.com](http://www.albanycounty.com)

**PLEASE RETURN ORIGINAL APPLICATION**  
**APPLICATION FOR A PERMIT TO OPERATE A**  
**MOBILE FOOD SERVICE ESTABLISHMENT**

*PLEASE TYPE OR PRINT CLEARLY*  
(Submit at the time of scheduled inspection)

**OPERATION OF A MOBILE SERVICE ESTABLISHMENT WITHOUT A PERMIT IS A VIOLATION OF PART 14-4 OF THE NEW YORK STATE SANITARY CODE AND ARTICLE IV OF THE ALBANY COUNTY SANITARY CODE.**

Type of Application: NEW Permit # \_\_\_\_\_ (Leave Blank-Number Issued By Health Dept.)

Name of Establishment \_\_\_\_\_ Phone: \_\_\_\_\_

Vending Location: \_\_\_\_\_

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

Type of Business: Corporation  Partnership  Sole Proprietor

Mailing Address: \_\_\_\_\_

Zip \_\_\_\_\_ Contact Phone # \_\_\_\_\_

<input type="checkbox"/> DENIED
<input type="checkbox"/> APPROVED
DATE PERMIT EXPIRES
_____

Name of Corporation /Permit Holder \_\_\_\_\_

Does your mobile vehicle/pushcart have a frozen dessert / frozen beverage machine? No  Yes

**You must provide CERTIFICATE proof of insurance:**  
**Workers Compensation and Disability Benefit Insurance -or-**  
**NYS WCB form CE-200: Certificate of Attestation of Exemption**

WC	DB	CE-200
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF THIS APPLICATION IS APPROVED, THE UNDERSIGNED APPLICANT HEREBY AGREES TO OPERATE THE MOBILE FOOD SERVICE ESTABLISHMENT DESCRIBED ABOVE IN COMPLETE COMPLIANCE WITH THE REQUIREMENTS OF PART 14-4 OF THE NEW YORK STATE SANITARY CODE AND ARTICLE IV OF THE ALBANY SANITARY CODE. A PERMIT MAY BE SUSPENDED BY THE COMMISSIONER UPON VIOLATION OR REVOKED FOR SERIOUS OR REPEATED VIOLATIONS.

\_\_\_\_\_  
SIGNATURE OF OWNER OF PERMIT

\_\_\_\_\_  
PRINT NAME OF PERSON SIGNING

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

NYS PLATE # \_\_\_\_\_

STICKER # \_\_\_\_\_ (ASSIGNED BY ACHD)