APPLICATION FOR A PERMIT TO OPERATE A MOBILE FOOD SERVICE ESTABLISHMENT

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 # __________

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:  WC   DB   CE-200
Workers Compensation and Disability Benefit Insurance -or- [ ] [ ] [ ]
NYS WCB form CE-200: Certificate of Attestation of Exemption

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)

DIVISION OF ENVIRONMENTAL HEALTH SERVICES: PH (518) 447-4625  FAX (518) 447-4698