



Fee: \$150 (first vehicle) _____
(\$50/each additional vehicle)

All Mobile Vending Permits Expire on April 1st

Village of Hamburg – Mobile Food Vending Application

100 Main Street · Hamburg, NY 14075 · Ph: 716-649-0200 · Fax: 716-646-6558 · Email: mmckee@villagehamburg.com

Applicant's Name _____ Date _____

Business Name _____

Type of Entity: _____ Sole Proprietor _____ Corporation _____ Partnership _____ LLC (Limited Liability Corp.)

Business Phone () _____ - _____ Other phone # () _____ - _____

Business Address _____

Mailing Address (if different) _____

Email Address _____

Mobile Food Vehicle is _____ Self-Powered _____ Trailer License Plate # _____

Location(s) of operation in the Village _____

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED ALONG WITH THE \$150.00 FEE:

- _____ Completed Application (front and back)
- _____ Valid and current copies of all licenses, permits or certificates required by the County of Erie, State of New York or any subsidiary enforcement agencies or departments thereof, including an Erie County Health Department permit for both the mobile food vehicle and facility used for food preparation.
- _____ Proof of current DMV registration, and for self-powered mobile food vehicles, also provide proof of inspection.
- _____ Certificate(s) of Liability Insurance identifying the Village of Hamburg, NY as an additional insured, which will protect the vendor and the Village from all third party claims for damage to property or person, including death, which may arise from the operations under the permit or in connection therewith. Such insurance shall provide coverage of not less than \$1,000,000/occurrence with documentation establishing a thirty (30)-day cancellation clause with the written notice served upon the Village of Hamburg, 100 Main Street, Hamburg, NY 14075.
- _____ Written verification (if applicable) that the subject mobile food vehicle passed a fire inspection within the prior 12 months, conducted by the County of Erie or by a municipality or fire department within Erie County or by the Village.

Each signatory to this application, by execution of this application, represents that he or she is familiar with Chapter 161 of the Code of the Village of Hamburg, New York, relating to Mobile Food Vending and agrees that the vendor applicant shall defend, indemnify and hold harmless the Village and its officers and employees from any claims for damage to property or injury to persons which may be occasioned by an activity carried on by the vendor or its agents or employees in any way associated with food or beverage vending and that said signatory has the authority of his or her principal or corporate principal to so commit.

Signature _____ Date _____

Information as to each applicant or corporate officer:

1. Last Name, First Name _____
Home Phone _____
Home Address (No P.O. Boxes) _____
Email Address _____
Corporate Title (if applicable) _____
Signature _____

2. Last Name, First Name _____
Home Phone _____
Home Address (No P.O. Boxes) _____
Email Address _____
Corporate Title (if applicable) _____
Signature _____

3. Last Name, First Name _____
Home Phone _____
Home Address (No P.O. Boxes) _____
Email Address _____
Corporate Title (if applicable) _____
Signature _____

4. Last Name, First Name _____
Home Phone _____
Home Address (No P.O. Boxes) _____
Email Address _____
Corporate Title (if applicable) _____
Signature _____

Please provide a separate sheet for names/addresses/signatures of additional applicants/corporate officers.