

# TOWN OF ROCKLAND

Building & Zoning

## Mobile Food Vehicle Permit Application

Type of permit: 3-Day  Annual

Date of Application \_\_\_\_\_

Indicate dates for 3-day permits: \_\_\_\_\_

Name of Business: \_\_\_\_\_

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

Name & Address of individuals operating mobile food vending vehicle:

\_\_\_\_\_  
\_\_\_\_\_

Name & Address of Corporate

Officers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Vehicle: Truck  Trailer  Pushcart  Make: \_\_\_\_\_

Plate number: \_\_\_\_\_ State of Registration: \_\_\_\_\_

Check items that apply L.P. Gas  Solid Fuel  Automatic Fire Suppression

Griddle  Deep Fryer  Generator; Portable  Truck Mounted

List siting locations for approval:

1. \_\_\_\_\_
2. \_\_\_\_\_

3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Attach the following:

1. Photographs of vehicle, including interior if applicable.
2. Copy of foodservice permit from NYS Health Dept.
3. Copy of Liquor License (if applicable).
4. Copy of vehicle registration.
5. Typical site sketch, showing vehicle, generator, required trash receptacles, and Seating (if applicable).
6. Signed restroom agreement.
7. Certificate of insurance as per §185-30.5, subpart 5

The applicant and if the applicant is not the owner of the subject the property, the owner thereof hereby agrees that as an express condition of acceptance of this application and issuance of the requested permit, such applicant and property owner shall indemnify and hold harmless the Town of Rockland, its officers, employees and agents, from and against any and all claims for injury to person or property that may arise or be occasioned by any actions taken or work performed pursuant to the subject permit.

Signature \_\_\_\_\_

Print Name: \_\_\_\_\_ Applicant

Property Owner

Approved  Denied  By \_\_\_\_\_ Date \_\_\_\_\_ Fee received