

CITY OF ITHACA – Superintendent of Public Works

108 East Green Street, Suite 202, Ithaca, N.Y. 14850 Phone: (607) 274-6527 Fax: (607) 274-6587

**APPLICATION FOR STREET VENDING/FOOD TRUCK
(OUTSIDE THE ITHACA COMMONS)**

APPLICANT NAME: _____ PHONE #: _____

BUSINESS NAME: _____ TAX ID#: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____ DATE OF APPLICATION: _____

Type of Permit Requested & Fees:

Base Permit Fees:

- Annual (April 1 – March 31) - **\$3,687**
- Seasonal (April 1 – October 31) - **\$3,075**

Location Type:

- Premium Location - **\$1,095** (____ # of Sites) Total Permit Fee: \$ _____
- Standard Location - **\$225** (____ # of Sites) Total Permit Fee: \$ _____

- Temporary Permit (for small events being held no more than 5 consecutive days) - **\$60/event**

Date(s) of Event: _____

Describe Event & Vending Location: _____

- Heritage Permit (Annual permit for Street Vendors that have operated under previous City issued permits in their current location prior to October 1, 2003) - **\$4,782**

Fees (All Mobile Vendors):

- \$100 Administrative Fee (due annually)

Total Fee Due: \$ _____

All documentation listed below MUST be submitted to the Superintendent of Public Works' Office, including the Mobile Vending Application, and fees in order for application to be considered complete.

*****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED*****

Required Documentation

The following documentation and fee must be submitted with the Street Vending Application to the Superintendent of Public Work's Office in order for the application to be considered complete. Incomplete applications will not be accepted or reviewed.

- \$100 Application Fee (Non-refundable) – This fee covers administrative costs such as advertising, background checks, sign installation, and enforcement.
- Insurance Certificate of Liability in the amount of \$1,000,000 naming the City of Ithaca as an Additional Insured (Contact your local insurance company for more information)
- A copy of a New York Sales Tax Certificate (NYS Taxation & Finance Office (800) 225-5829) www.tax.ny.us
- Proof of Workers' Compensation and Disability Coverage required by New York State. Please note the "ACCORD" form is no longer acceptable proof of workers' compensation coverage. Contact New York State Workers' Compensation at 1-866-802-3604 or visit their website at www.wcb.state.ny.us with questions; OR

- Completed NYS Workers' Compensation waiver if the applicant is not required to provide such coverage. Contact New York State Workers' Compensation at 1-866-802-3604 or visit their website at www.wcb.state.ny.us with questions.
- Health Department Certificate from Tompkins County Department of Health (607) 274-6688).
- Description of food items offered for sale (for informational purposes only).
- Description of the mobile vending unit (food truck) or photographic image.
- Copy of the current vehicle registration and proof of automobile insurance, as required by NYS Department of Motor Vehicles.
- A written description of your waste disposal plans for trash, water, grease, and other materials. City Staff will review the description; modifications may be required before a permit is issued.
- Proof of 501(C)(3) Designation (if applicable).
- Copy of IFD permit for solid, liquid or gas fired cooking/heating appliances
- Background Check Authorization Form (if applicable). Vendors wishing to vend in or near city parks must authorize a background check to be performed by the City.

Vending Locations

Approved locations are listed in Attachment A of the Street Food Vending Policy.

Requested Location #	Vending Days	Vending Times	Approved? Y/N
	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/> Breakfast; <input type="checkbox"/> Lunch; <input type="checkbox"/> Dinner; <input type="checkbox"/> Late Night	
	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/> Breakfast; <input type="checkbox"/> Lunch; <input type="checkbox"/> Dinner; <input type="checkbox"/> Late Night	
	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/> Breakfast; <input type="checkbox"/> Lunch; <input type="checkbox"/> Dinner; <input type="checkbox"/> Late Night	
	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/> Breakfast; <input type="checkbox"/> Lunch; <input type="checkbox"/> Dinner; <input type="checkbox"/> Late Night	
	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/> Breakfast; <input type="checkbox"/> Lunch; <input type="checkbox"/> Dinner; <input type="checkbox"/> Late Night	

I, the undersigned Applicant, have read and understand City of Ithaca's Street Vending Policy, and agree to abide by the documented rules and procedures.

Signature

Date

For Office Use Only	
APPLICATION APPROVAL:	
Administrative Fee Paid on _____	(date) by <input type="checkbox"/> Cash or <input type="checkbox"/> Check # _____
Permit Fee of \$ _____	paid on _____ (date) by <input type="checkbox"/> Cash or <input type="checkbox"/> Check # _____
Waste Disposal Plan Approved by: _____ on _____ (date).	
NOTES: _____	

Application Approved by: _____	Date: _____
Office of the Superintendent of Public Works	

Termination or Revocation: _____ (date) Reason: _____	
Authorized by: _____	Date: _____