

CITY OF ITHACA MOBILE VENDING APPLICATION

APPLICATION F	FOR MOBILE VENDING PE	RMIT 2020-21			
Date Submitted::_	· · · · · · · · · · · · · · · · · · ·				
Contact Name:	Phone #				
Business Name:	Tax ID				
Mailing Address:	City	//State/ZIP:			
Email Address:					
· · · · · · · · · · · · · · · · · · ·		during special	events)		
Security Deposit A \$100 security deposi The deposit is refundatinspection at the end of	t is required of all vendors. able upon satisfactory site the contract term. If the site curity deposit is forfeited to cleanup/remediation.	Security Deposit:	<u>Calculator</u>		
Application Fee (Please check applicable box) ☐ New Vendor \$100 Application Fee ☐ Returning Vendor \$50 Application Fee		Application Fee:			
Permit Fees (Please check applied Food Vendor Annual Permit Chart Seasonal Permit Ch	ge \$1,229	Permit Fee: Total Due:			
☐ Annual Permit Char	ge \$615				

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.

☐ Seasonal Permit Charge \$514

Required Documentation
Check off the documents that are included in the application packet:

	A description of the type of merchandise, service, food or beverage menu being sold. Price list for each item being sold.
	A description and photograph of the cart to be used.
	Proof that the applicant has complied with the established regulations of the Tompkins County Health Department, Ithaca Fire Department and other appropriate state, federal and local laws and regulations applicable to the vending business.
	A certificate of liability insurance in an amount to be determined but in no case shall it be less than \$1,000,000.00. It must also name the City of Ithaca as an "Additional Insured".
	Proof of New York State Worker's compensation and Disability insurance; or New York State Worker's compensation exemption certificate completed. The "ACCORD" insurance certificate is no longer acceptable proof of workers' compensation coverage. Please contact the New York State Workers' Compensation Board at 1-866-802-3604 or visit their website at www.wcb.state.ny.uswith questions.
	Applicant shall demonstrate that they have a New York State sales tax certificate at all times while they are vending. Contact New York State Taxation and Finance Office at 1-800-225-5829 or visit www.tax.ny.us .
	A written description of waste disposal plans for trash, water, grease, and other materials.
	Proof of 501(C)(3) designation, if applicable.
	Proof of license issued by the Tompkins CountyClerk to vend under the status of a United States Armed Forces Veteran pursuant to §32of the General Business Law, if applicable
	Accurate and current contact information. If any contact information changes, the vendor is responsible for notifying the City within 10 days of the change.
Regularegula	undersigned Applicant, have read and understand the Mobile Vending Rules and ations listed in the "Ithaca Commons Mobile Vending Information Packet" regarding ng carts, vending locations, hours of operation, vendor responsibilities, fire code ations, as well as the requirements for obtaining a mobile vending agreement with the of Ithaca, and agree to abide by them. I also understand that if I wish to vend during all events sponsored by the Downtown Ithaca Alliance, Ithaca Festival, or other inator, I must apply through the event organizer. I understand that I may have to submit arate application, pay an additional fee, and must follow the requirements of the event izer. I also understand that I may be temporarily re-located from my assigned site with ity of Ithaca to another site during the event. My location may also be relocated at any luring the term, if the City deems is necessary.
Signa	ture of Applicant:Date:
Print Name	: :

For O	ffice Use Only:		
Date Received			
	-		
Application Approval:			
Security Deposit Amount:	Received:		
Application Fee Amount:	Received:		
Permit Fee Amount:	Received:		_
Site Number Assigned:			
Notes:			
Approved by:	Date:		
Approved by:	Date		
End of Season Inspected by:	,	Date:	
	'	Jale	
Site Inspection □Passed □Failed			
Security Deposit of \$100 refunded on:			
By:			