

# Village of Liverpool 310 Sycamore Street, Liverpool, NY 13088 Phone: (315) 457-3441, Fax: (315) 457-5119 Email: codes@villageofliverpool.org

OFFICE USE ONLY				
	License Number:	Date Received:		
	Approved By:	Date Approved:		
	Date Notified:	License Fee: \$		
	Denied By:	Date Denied:		
	Reason Denied:			
	Reason Denied:			

# **Food Vendor License Application**

All applicable sections of this application must be completed or the application will be returned.

FOOD VENDOR INFORMATION							
BUSINESS NAME	BUSINESS PHONE						
OWNER NAME	ADDRESS		OWNER PHONE				
CITY	STATE	ZIP	OWNER EMAIL				

EVENT SPONSOR INFORMATION							
SPONSOR NAME			CONTACT NAME				
ADDRESS	PHONE						
CITY	STATE	ZIP	EMAIL				

### EVENT LOCATION

ADDRESS OR NAME OF PARK

### EVENT DATES

LIST EACH DATE

## VENDING DETAILS

PRECISE LOCATION WHERE VENDING IS TO BE CONDUCTED (Parking space, parking lot, driveway, etc.)

NATURE OF BUSINESS AND GOODS TO BE SOLD

## APPLICANT IS TO PROVIDE THE FOLLOWING INFORMATION WITH THE COMPLETED APPLICATION

O Copy of food license issued by Onondaga County Health Department

- Vendors bond to indemnify the Village of Liverpool in the amount of \$10,000.00
- Certificate of insurance providing comprehensive general liability insurance including product liability and bodily and property damage coverage naming the Village of Liverpool as additional insured (\$500,000 minimum)
- Mobile food preparation vehicles that are equipped with appliances that produce smoke or grease-laden vapors shall obtain an Operating Permit from the Fire Marshal.
- License fee for each pushcart or vehicle of □ \$20.00 per event, or □ \$75.00 up to ten events, or □ \$175.00 Annual

#### APPLICANT CERTIFICATION

The undersigned states that the above statements are true and that the applicant has read and agrees to comply with the provisions of §212 of the Code of the Village of Liverpool as it applies to food vendors (see attached copy of said Code).

SIGN HERE

PRINT NAME

DATE