

- 01 – Seasonal License \$10
- 03 – Seasonal Permit \$15/\$35
- 05 – 2 yr. License \$50
- 06 – 2 yr. Permit \$75/\$200

**ORIGINAL APPLICATION
 FOR MOBILE FOOD VENDOR PERMIT/LICENSE**

SECTION A – PERMIT/LICENSE INFORMATION [FOR OFFICE USE ONLY]												
<i>CURRENT TYPE NUMBER</i>				FEE AMT. ➔		DOLLARS			CENTS		DATE OF APPLICATION	
<i>CAMIS NUMBER</i>				DECAL NO.		<input type="checkbox"/> Processing <input type="checkbox"/> Non-Processing			DATE ISSUED		DOCUMENT NO.	
Types of Food to be Sold				Address Where Food Unit is Stored					Issued by			

SECTION B – ISSUANCE INFORMATION																																			
ISSUED TO: (<i>CHECK ONE</i>)																																			
<input type="checkbox"/> Individual			<input type="checkbox"/> Partnership			<input type="checkbox"/> Corporation			<input type="checkbox"/> Municipal																										
LAST NAME OF INDIVIDUAL OR NAME OF CORPORATION					FIRST NAME OF INDIVIDUAL					MIDDLE INITIAL																									
STREET ADDRESS						BOROUGH			APT. NO.																										
CITY OR TOWN					STATE			ZIP CODE																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="12" style="text-align: center;">TELEPHONE NO.</td> </tr> <tr> <td colspan="2" style="text-align: center;">AREA CODE</td> <td colspan="10"></td> </tr> </table>												TELEPHONE NO.												AREA CODE											
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AREA CODE																																			
In Care Of: _____																																			

SECTION C – PERSONAL INFORMATION AND DOCUMENTATION (ALL INDIVIDUALS)																																			
Are you applying for fee exemption as a veteran or veteran's spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No																																			
Veteran's License No. _____																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="12" style="text-align: center;">SOCIAL SECURITY NUMBER</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												SOCIAL SECURITY NUMBER																							
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Date of Birth _____ / _____ / _____						Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No																													
MO						DAY			YR			(If "NO", you cannot apply)																							

IMPORTANT: 1) **ORIGINAL** AND **CURRENT** DOCUMENTS ARE REQUIRED (NO PHOTOCOPIES, STUBS, PRINTOUTS, OR DOCUMENTS WHICH HAVE EXPIRED OR BEEN LAMINATED OR ALTERED);
 2) YOUR NAME MUST BE SPELLED **EXACTLY** THE SAME ON ALL DOCUMENTS.

Address Verification (One Item)											
<input type="checkbox"/> Driver's License or non-driver's photo ID											
<input type="checkbox"/> Utility Bill, Type _____											
<input type="checkbox"/> Rent Receipt or Residential Lease or Title											
<input type="checkbox"/> Bank or credit card Statement											
<input type="checkbox"/> Notarized Letter (provided by Licensing Center) WITH Current Utility Bill or Lease of the person the applicant is living with											

Photo Identification – (One Item)											
<input type="checkbox"/> Driver's License or Non-Driver's photo ID: # _____											
<input type="checkbox"/> Alien Registration card or Naturalization Certificate with photo ID											
<input type="checkbox"/> U.S. or foreign passport with photo ID											
<input type="checkbox"/> U.S. government agency issued photo ID card: Type _____											

SECTION D – PERSONAL INFORMATION (LICENSE APPLICANTS ONLY)											
HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____											

SECTION E – FOR CORPORATIONS AND PARTNERSHIPS ONLY: ATTACH PHOTO I.D. AND PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS, STOCKHOLDERS AND PARTNERS:

FULL NAME & HOME ADDRESS

OFFICIAL TITLE:
% OF STOCK OWNED:
DATE OF BIRTH:

FULL NAME & HOME ADDRESS

OFFICIAL TITLE:
% OF STOCK OWNED:
DATE OF BIRTH:

FULL NAME & HOME ADDRESS

OFFICIAL TITLE:
% OF STOCK OWNED:
DATE OF BIRTH:

FULL NAME & HOME ADDRESS

OFFICIAL TITLE:
% OF STOCK OWNED:
DATE OF BIRTH:

CORPORATIONS: ATTACH CORPORATE FILING RECEIPT ISSUED BY THE NEW YORK SECRETARY OF STATE (AND ASSUMED NAME RECEIPT IF APPLICABLE).

PARTNERSHIPS: ATTACH PARTNERSHIP CERTIFICATE CERTIFIED BY THE COUNTY CLERK.

NOTE: Any corporate officer who signs and/or submits this application must also submit a corporate resolution, embossed with the corporation's seal and dated within the last year, stating that such individual is an officer (president, secretary, treasurer, etc.) of the corporation.

SECTION F – TAX AND VENDING UNIT INFORMATION (All Applicants)

NY State Tax #/Clearance # _____ Date _____
 NY City Tax #/Clearance # _____ Date _____ (For permit applicants only)
 ECB Clearance Letter # _____ Date _____

SECTION G – (For Use by Food Protection Office - Food Protection Course)

SIGNATURE OF APPLICANT REGISTERED	DATE REGISTERED	DATE SCHEDULED TO COMPLETE COURSE OR CERTIFICATE #
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Section H– Restricted Area Information [If Applicable]

Contract With (Agency) _____ Contract # _____
 Expiration Date _____ Location _____

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO APPLY TO REGISTER TO VOTE HERE TODAY? YES NO

Applying, or declining to apply, to register to vote will not effect the amount of assistance that you will be provided by this agency and if you would like help in filling out the voter registration application, we will help you.

NOTE: Falsification of any statement made herein is an offense punishable by a fine or imprisonment or both. (N.Y.C. Administrative Code 1151-9.0)

SIGN HERE →	APPLICANT OR CORPORATE OFFICER	TITLE	DATE

Signature of Counterperson _____ Signature of Reviewer _____

OCSE DOCUMENT NUMBER

Grid for OCSE Document Number

CHILD SUPPORT CERTIFICATION
NYC OFFICE OF CHILD SUPPORT ENFORCEMENT

Licensing Agency: DCA DEP DOE DOF DOHMH FD PD TLC

Alphabet grid A-Z

PLEASE PRINT IN BLOCK LETTERS WITHOUT TOUCHING THE SIDES OF THE BOXES (SEE EXAMPLES ABOVE AND RIGHT)

Number grid 0-9

THIS FORM MUST BE FULLY COMPLETED BY APPLICANT FOR APPLICATION TO BE VALID

Main form fields: Last Name, First Name, Social Security, Date of Birth, Home Address, City, State, Zip

CERTIFICATION PURSUANT TO GENERAL OBLIGATIONS LAW SECTION 3-503(2)

I, _____, being duly sworn, make the following statement:

(Choose 1 or 2. and put an "X" in the box in front of whichever is appropriate)

- 1. I am not under a court or administrative order to pay child support. OR
2. I am under an obligation to pay child support. My child support account number is (if applicable) _____:
(if you chose #2. Put an "X" in front of the applicable statement)
A. I do not owe arrears equal to 4 months or, more of child support payments.
B. I have arrears equal to 4 months or more of child support payments, and one of the following statements applies to me (check the appropriate boxes):
I am making payments by income execution or by court agreed payment/repayment plan or by a plan agreed to by the parties.
My child support obligation is the subject of a pending court proceeding.
I am currently in receipt of Public Assistance or Supplemental Security Income. My case number is
C. I have arrears equal to 4 months or more of child support payments and none of the above statements in "B" apply to me.

I hereby do solemnly swear that the information provided by me in this certificate is true and accurate to the best of my knowledge. I acknowledge that this statement is under oath.

Sworn before me on this _____ day _____ X _____ Signature
of _____, 2000

Notary Public, State of New York

Date

THE INTENTIONAL SUBMISSION OF FALSE WRITTEN STATEMENTS FOR THE PURPOSE OF FRUSTRATING OR DEFEATING PAYMENT OF SUPPORT IS PUNISHABLE PURSUANT TO SECTION 175.35 OF THE PENAL LAW. PERSONS WHO ARE FOUR MONTHS OR MORE IN ARREARS IN CHILD SUPPORT MAY BE SUBJECT TO SUSPENSION OF THEIR BUSINESS, PROFESSIONAL AND/OR DRIVERS LICENSE

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

- Information verified, or status of case unknown to OCSE
Information is at variance with OCSE records.

Verifying Section & Supervisor: _____ Date: ____/____/____

30627



NOTICE

If you are experiencing difficulties obtaining a NYC license or permit because of an outstanding child support problem, and you are making your support payments through the Support Collection Unit of the New York City Office of Child Support Enforcement, you may receive assistance in resolving your problem by contacting:

The New York City Office of Child Support Enforcement
151 West Broadway, 4th Floor
(between Worth & Thomas Streets)
New York, NY 10013
212-226-7125

CITYWIDE LICENSING CENTER
AFFIDAVIT OF HOME ADDRESS

This form is to be completed only by the person with whom you (the applicant) live. It should also be signed by you where indicated. You must bring this form *with* a recent utility bill or lease in the name of that individual.

(Please type or print legibly)

TO: **NYC Dept. of Health & Mental Hygiene**
42 Broadway, 5th floor
New York, NY 10004

(Enter name of the person with whom the applicant lives - must be the same as on the utility bill or lease)

residing at _____
(Street Address, Borough, State and Zip code)

states that: _____
(Enter name of the person applying for permit/license)

is my _____ and lives with me at the above address.

(Relationship to applicant, e.g., wife, husband, sister, brother, mother, father, son, daughter, aunt, uncle, cousin, friend)

SIGNATURE
(Note: This name must match the name on the accompanying utility bill or lease.)

PRINT NAME
(Note: This name must match the name on the accompanying utility bill or lease)

I _____ attest to the truth of the above information.
Print name of applicant

SIGNATURE OF APPLICANT *

* Please note that submitting false or misleading information is a violation of Section 3.19 of the New York City Health Code and may be prosecuted civilly or criminally as a misdemeanor. It may also result in the revocation of any license or permit issued.

