



OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS
Hearings Division

66 John Street
10th Floor
New York, NY 10038
1-844-OATH-NYC

Food Vendor Invoice Search Request – Email Request Form

Date: \_\_\_\_\_

Requestor Information:

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

How would you like to receive the Invoice? [ ] Mail or [ ] Email

An Invoice with a zero balance will be issued to you if it is determined that you DO NOT have any outstanding fines to be paid. If you are found to have outstanding fines, they will be listed on the Invoice.

To process your request for an Invoice Search, you must provide the following information and email this request form to vendorinquiry@oath.nyc.gov

Previous addresses during the past 10 years:

Table with 2 columns: Address, Dates living at address (Month & Year). Includes rows for 'From' and 'To' dates.

Social Security number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Is this the first time you are applying for a Mobile Food Vendor’s License? [ ] Yes [ ] No

If YES, please provide a valid picture ID and a copy of the front and back of your Social Security card.

IF NO, and you are seeking to renew your:

A. [ ] Food Vendor’s License with the Department of Consumer Affairs, please provide a copy of the front and back of your current Food Vendor License and the following information:

Current License number: \_\_\_\_\_ Current Permit number: \_\_\_\_\_

B. [ ] Cart Permit with Department of Consumer Affairs, please provide a valid picture ID, a copy of the front and back of your Social Security card, a copy of your current permit and your

Current Decal number: \_\_\_\_\_