



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:

Address	Dates living at address (Month & Year)
_____	From _____ To _____
_____	From _____ To _____
_____	From _____ To _____

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 and Worker Protection (DCWP), 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 and Worker Protection (DCWP), 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: _____