

ALBANY COUNTY DEPARTMENT OF HEALTH –
DIVISION OF ENVIRONMENTAL HEALTH SERVICES

APPLICATION FOR A PERMIT
TO OPERATE A MOBILE FOOD SERVICE ESTABLISHMENT

(Submit at time of scheduled inspection)

OPERATION OF A MOBILE FOOD SERVICE ESTABLISHMENT WITHOUT A PERMIT IS A VIOLATION OF PART 14-4 OF THE NEW YORK STATE SANITARY CODE AND ARTICLE IV OF THE ALBANY COUNTY SANITARY CODE AND IS A MISDEMEANOR.

Type of Application: NEW: RENEWAL:

Name of Establishment: _____

Vending Location(s): _____

Name of Applicant: _____

Type of Business: Corporation: Partnership: Sole Proprietor:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Name of Corporation/Permit Holder: _____

<p>OFFICE USE ONLY</p> <p>DENIED: <input type="checkbox"/></p> <p>APPROVED: <input type="checkbox"/></p> <p>DATE: _____</p> <p>PERMIT#: _____</p> <p>PERMIT EXPIRATION: _____</p> <p><u>PAYMENT RECEIVED</u></p> <p>YES: <input type="checkbox"/> NO: <input type="checkbox"/></p> <p>AMOUNT: \$ _____</p> <p>CASH: <input type="checkbox"/> CHECK# _____: <input type="checkbox"/></p>
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Does your mobile vehicle/pushcart have a frozen dessert/frozen beverage machine? No: Yes:

You must provide Certificate(s) for proof of Insurance:

Workers Compensation and Disability Benefit Insurance (see instructions #3)

One of the following forms: C-105.2: U-26.3: SI-12: GSI-105.2:

AND

One of the following forms: DB-120.1: DB-155:

-OR-

Form CE-200:

**A PERMIT MAY BE SUSPENDED BY THE COMMISSIONER UPON VIOLATIONS
OR REVOKED FOR SERIOUS OR REPEATED VIOLATIONS.**

If this application is approved, the undersigned applicant hereby agrees to operate the food service establishment described above in complete compliance with the requirements of Part 14-4 of the New York State Sanitary Code and Article IV of the Albany County Sanitary Code.

Signature of Applicant

Printed Name of Applicant

Date

NYS PLATE#: _____

STICKER# (ASSIGNED BY ACDOH): _____

If you have any questions or need additional information you may contact us at:

DIVISION OF ENVIRONMENTAL HEALTH SERVICES:

PHONE: (518) 447-4620 FAX: (518) 447-4698