MOBILE FOOD VENDOR PERMIT APPLICATION IN THE VILLAGE OF MORRISVILLE

Name of Applicant:	
Name of Business:	
Applicant's Home Address:	
Home Phone: () Cell Phone: ()	
Business Address:	
Business Phone: ()	
Length of Time Permit is Requested:	
Seasonal (April 1 – October 31)	
One Time – specify date requested	
Do you have a restaurant or other food service business with an established place of business withi Morrisville? YES NO	n the Village of
Please specify the Village Park or public area from which you wish to locate and sell within the Village	
If a Vehicle is to be used, please complete the following:	
Vehicle Year/Make/Model:	
License Plate # (include state if not NY)	
Registered Owner Name:	
Owner Address:	
Owner Phone:	
Description of Food and Beverage Items to Be Sold (attach additional sheet if necessary):	

Each Application <u>MUST</u> be accompanied by:

- Madison County Health Department Food Service Permit
- Current NYS Sales Tax Certificate
- Workers' Compensation and Disability Insurance. Check the appropriate lines and submit copies of the following documentation with the application to document compliance.
 - A. Workers Compensation and Disability Insurance Coverage **Provided**

Name (print)	 Signature	Date	
I, the undersigned, verify a	nd affirm under penalty of perjury, that all the supplied infor	mation is valid and true.	
All mobile food vendors must adhere to requirements of Chapter 126 of the Code of the Village of Morrisville, entitled "PARKS"			
Application Fee (See	easonal Permit - \$250.00; One Time - \$50.00)		
	eral Liability Insurance evidencing coverage limits of not less t ming the Village of Morrisville as an additional insured	han \$300,000 per occurrence	
☐ Form CE-200) – Certificate of Attestation of Exemption from NYS Workers' Compensatio	on and/or Disability Benefits Covera	
B. Workers Compens	sation and Disability Insurance Coverage NOT provided		
☐ Form DB-155	5 – Certificate of Disability Benefits Self-Insurance		
□ DB-120.1 – C	Certificate of Disability Benefits OR		
Disability Insurance			
AND	Certificate of Farticipation in Workers Compensation Group Sen insurance	e	
	· Certificate of Workers' Compensation Self-Insurance OR Certificate of Participation in Workers' Compensation Group Self Insurance	0	
	- Certificate of Workers' Compensation Insurance OR		
	2 – Certificate of Worker's Compensation Insurance OR		
Workers Compensation			