

# CITY OF BUFFALO – LICENSE APPLICATION

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65 Niagara Sq. City Hall Room 301 Buffalo, NY 14202  
Phone (716) 851-4078 Fax (716) 851-4952

## MOBILE FOOD VEHICLE INSTRUCTIONS

### REQUIREMENTS

#### MOBILE FOOD VEHICLE ("MFV")

**A commercially manufactured, self-contained, motorized mobile food unit in which ready-to-eat food is cooked, wrapped, packaged, processed or portioned for service, sale or distribution.**

1. **Motor Vehicle Registration** from NYS Motor Vehicle Department
2. **Valid Motor Driver's License** of each vehicle operator from NYS Motor Vehicle Department
3. **Criminal background check** of the applicant and each corporate officer.
4. **Erie County Health Permit**
5. **Insurances:** Coverage of not less than one million dollars (\$1,000,000) per occurrence. All insurance coverage must contain proof of a thirty (30) day cancellation clause with the certificate holder as City of Buffalo and Office of Licenses, 301 City Hall, Buffalo, NY 14202.
  - a) Public liability
  - b) Food products liability
  - c) Property insurance
  - d) Worker's Compensation Insurance **or** a Exemption Certificate when there are no employees.
6. Provide a **PHOTO** of food truck
7. **FEE:** \$800

After you application is accepted, a fire inspection approval is required. (Office of License processes it.) Common Council approval is also required, which the Office of License will process.

### RESTRICTIONS

1. Must operate at least 100 ft from an open licensed food establishment.
2. Must abide by parking/traffic laws.
3. Must carry on the vehicle a 'measuring wheel' with a measuring capacity of no less than 500 ft.
4. Vehicle must be equipped with trash receptacles.
5. Must operate 500 ft away from a sanctioned Special Event
6. Not valid in the Special Downtown District.
7. Not valid to operate a mobile food truck on private property (must obtain a Stationary Peddler's License)

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Phone (716) 851-4078 Fax (716) 851-4952

**Food Truck License expires on April 1.**

**Type of Entity:**  Sole Proprietor  Corporation  Partnership  Limited Liability Company

**Corporation Name** \_\_\_\_\_ Business Phone ( ) \_\_\_\_ - \_\_\_\_\_

**Business Name (dba)** \_\_\_\_\_ Business Fax ( ) \_\_\_\_ - \_\_\_\_\_

Business Address (no PO Box) \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

NYS Tax ID # \_\_\_\_\_ Business Website \_\_\_\_\_ E-Mail \_\_\_\_\_

## Information for applicant and each corporate officer

**Applicant** (last, first) \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address: (PO Box not acceptable) \_\_\_\_\_

**Corporate officer** (last, first) \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address: (PO Box not acceptable) \_\_\_\_\_

### Include the following documentation:

1. **Motor Vehicle Registration** from NYS MVD
2. **Valid Motor Driver's License** of each vehicle operator from NYS MVD
3. **Criminal background check** of the applicant and each corporate officer
4. **Erie County Health Permit**
5. **Insurances:** a) **Public Liability** b) **Food Products Liability** c) **Property Insurance**  
Coverage of not less than \$1,000,000 per occurrence. Insurance coverage must contain proof of a thirty (30) day cancellation clause with the certificate holder as City of Buffalo/Office of Licenses, 301 City Hall, Buffalo, 14202.
6. **Worker's Compensation Insurance** or, if no employees, an Exemption Certificate at [www.wcb.state.ny.us](http://www.wcb.state.ny.us)
7. **FEE: \$800** (Renewed yearly at \$500.)

Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Commissioner of Deeds in and for the  
City of Buffalo, New York

### I AM AWARE OF THE FOLLOWING RESTRICTIONS:

abide by parking/traffic laws; must operate from streets and public property and at least 100 feet from an open licensed food establishment; has a 'measuring wheel' with a capacity of no less than 500 feet; vehicle must be equipped with trash receptacles; permanently and prominently affix to the vehicle the issued decal; operate 500 feet away from a sanctioned Special Event; not valid in the special Downtown District. *I am aware of the obligation to provide timely notice of any change in required information.*

As an authorized agent of the entity identified above, I certify the information on this form is true, correct, complete and current to the best of my knowledge and belief.

**Name and signature of applicant and each corporate officer**

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For office use only

App No \_\_\_\_\_

Medallion # \_\_\_\_\_

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

# 2014-2015 Special District Vending Map of Vending Sites

