



FOOD CONCESSION VENDOR APPLICATION

47TH ANNUAL LARAC JUNE ARTS FESTIVAL / *Booth Price: \$500*

JUNE 16 +17, 2018

ORGANIZATION NAME: _____

ORGANIZATION ADDRESS: _____

Organization is Represented by:
NAME: _____ **PHONE:** _____

EMAIL: _____

Describe your set-up, including tents, storage area, ALL on-site vehicles, etc. Include exact size of total layout. There may be size restrictions based on how many vendors are accepted.

Do you have a valid NYS Dept. of Health Permit? _____ yes _____ no

Will you be using a generator? ____yes ____no (there are limited power sources) Food/
beverage items you would like to provide, including approximate prices: (use reverse side
if necessary)

APPLICATION DEADLINE: MARCH 30, 2018

Application must be received on time in order to be considered. Notice of acceptance will be made no later than April 14, 2017. Upon acceptance, you must send in \$500.00 payment to LARAC as well as agree to provide LARAC with a certificate of insurance naming The City of Glens Falls, Warren County, and LARAC as additional insured. You must also provide a copy of your NYS Dept. of Health Permit. Your organization must agree to assume full responsibility for dispensing food according to the NYS Department of Health Policies. Upon acceptance all mobile food businesses are required to obtain a mobile food unit license from the Glens Falls City Clerk's Office. For the weekend of the festival the cost is \$75.00 and must be paid to the City of Glens Falls. The Glens Falls Unit License Form is attached to this application. Payment of the \$75.00 License Fee for non Glens Falls vendors along with the application must arrive to city clerk no later than April 24, 2017.

Glens Fall City Clerk's Office 42
Ridge Street
Glens Falls, NY 12801
(518) 761-3803

By signing, your Organization agrees to the above mentioned rules and guidelines.

REPRESENTATIVE SIGNATURE: _____ **DATE:** _____

City of Glens Falls
Mobile Food Unit License – Chapter 156 – Article III of City Code

For profit: _____ Not for Profit Organization: _____

Required Fees for food vending: _____ \$75.00 Weekly _____ \$500 Seasonal-6 months
_____ \$700 Annual-Yearly

Applicant Name: _____

Applicant Address: _____

Phone #: _____ Cell #: _____

Name and address of Mobile Unit Owner if different: _____

Federal ID #: _____ Sales Tax #: _____

NYS Health Department Approval: Yes: _____ No: _____

Names and addresses of operators of mobile food unit. (Use back of form for additional names.): _____

Has Applicant Ever Been Convicted of a Crime, Misdemeanor or a Violation of Municipal Ordinance: Yes _____ No _____

If so, Nature of the Offense, Date and Place: _____

Names and addresses of persons, firms or corporations from whom food and beverage have been or will be purchased: _____

Event or location where vending to take place: _____

Description of mobile unit: _____

Vehicle, Year: _____ Make & Model: _____

Color: _____ State: _____ License #: _____

Date: _____ Signature of Applicant: _____

*****Official Use Only*****

Approved By: _____

Dated: _____ Chief of Police: _____

Common Council Resolution #: _____ Meeting Date: _____