



# FOOD CONCESSION VENDOR APPLICATION

49<sup>TH</sup> ANNUAL LARAC JUNE ARTS FESTIVAL / *Booth Price: \$500*

*JUNE 13+14, 2020*

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 29, 2020**

Application must be received on time in order to be considered. Notice of acceptance will be made no later than April 12, 2020. 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 then April 19, 2020.

**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: \_\_\_\_\_