



## FIXED LOCATION VENDOR LICENSE APPLICATION

### APPLICANT INFORMATION

Name:		Date:	
Current Address:		City:	State:      Zip:
Date of Birth:	Phone:	Drivers License #:	

### BUSINESS INFORMATION

Name of Business:			
Business Address:			
City:	State:	Zip Code:	Fax No.:
Phone:	E-mail:		
Type of Business: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/>			

### TYPES OF PRODUCTS SOLD

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### VEHICLE INFORMATION

Vehicle Make & Model:	VIN #	Vehicle Length:	Plate #
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### FIXED LOCATION REQUEST

The requested Fixed Location must be one designated by the City Manager. If more than one application for the same location, the City shall hold an auction for determine the highest bidder for such fixed location.

**You must have a valid approval of the Westchester County Board of Health for the sale of any and all food stuff.**

Fixed Locations-select one: (1) Lockwood Ave & Glover Johnson Pl. (2) 366 Pelham Rd. (3) Fifth Ave at City Park  
(4) Fifth Ave at City Park (5) North Avenue at New Rochelle High School  
(6) Main St. at Salesian HS (7) Main St. at New Roc

Requested Location:	Alternate Request
Previous Location:	Number of Years or Months: _____

### INSURANCE

All applicants must provide with this application an appropriate certificate of insurance and endorsements evidencing the insurance required below with a company licensed to do business in the State of New York. Such insurance shall provide coverage of not less than \$1,000,000 per occurrence for bodily injury and property damage, including blanket contractual liability and all broad form comprehensive general liability enhancements. The certificate shall name as additional insured the City of New Rochelle, and such insurance shall be primary and non-contributory to any insurance held by the City.

### OPTIONAL ADDITIONAL ATTENDANT

Name:	Phone:
Address:	City/State/Zip:      E-mail:

### SIGNATURES

I certify to the truth of the above statements and agree that if a license is granted all requirements of the City, County and State Laws, Ordinances & Regulations applying to the sale of any and all food stuff shall be complied with.

Signature of applicant:	Date:
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### NOTARY OR COMMISSIONER OF DEEDS

Sworn and Subscribed to Before Me:	Seal:
Address:	
This _____ day of _____, 20_____	

**SEE PAGE 2 FOR REQUIRED DOCUMENTATION TO BE SUBMITTED**

FIXED LOCATION VENDOR  
LICENSE APPLICATION

Page 2

**Submit:**

1. **Original Signed and Notarized Application**
2. **2 Passport-sized Photos**
3. **Copy of driver's license or photo ID for driver and optional additional worker**
4. **Copy of valid vehicle registration and insurance**
5. **Copy of Westchester County Dept. of Health permit to operate a Mobile Food Service Establishment**
6. **Proof of liability insurance with the City of New Rochelle listed as additional insured plus endorsements**
  - **All applicants must provide with this application an appropriate certificate of insurance (Acord form) and endorsements evidencing the insurance required below with a company licensed to do business in the State of New York.**
  - **Such insurance shall provide coverage of not less than \$1,000,000 per occurrence for bodily injury and property damage, including blanket contractual liability and all broad form comprehensive general liability enhancements.**
  - **The certificate shall name as additional insured the City of New Rochelle, and such insurance shall be primary and non-contributory to any insurance held by the City.**
7. **Check or money order payable to the City of New Rochelle**
  - **License Fee is \$250.00**
  - **License Plate Charge: \$50.00**
  - **Additional Worker: \$70.00**