

VILLAGE OF KINDERHOOK
6 CHATHAM STREET
PO BOX 325
KINDERHOOK, NY 12106

APPLICATION FOR FOOD TRUCK VENDOR PERMIT

NAME _____ PRINCIPAL _____
ADDRESS _____ AGENT _____
_____ PHONE _____

FOOD TYPE _____

MAKE OF VEHICLE _____ TYPE _____ YEAR _____

LICENSE PLATE NO. _____

DEPT OF HEALTH LICENSE _____

NUMBER OF HELPERS _____

AFFIDAVIT OF SAFETY Y/N PROVIDED BY _____

INSPECTION _____

FIRE SUPPRESSION Y/N GENERATOR Y/N

TENT OR UMBRELLA Y/N

THIS APPLICANT HEREBY AGREES TO ABIDE BY RESTRICTIONS AS STATED IN THE VILLAGE ORDINANCE, CHAPTER 89. LICENSE WILL BE FORFEITED UPON VIOLATION

DATE _____ SIGNATURE OF APPLICANT _____

LICENSE GRANTED _____ LICENSE DENIED _____

DATE _____ VILLAGE OFFICIAL _____

ANNUAL FEE \$100 PAID BY _____ CHECK # _____