



City of Plattsburgh
APPLICATION FOR A FOOD TRUCKS

Date: _____

Name of Applicant: _____

Address of Applicant: _____

If Corporation; name of: _____

Address of Corporation: _____

Telephone No. of Individual or Corporation: _____

Item(s) to be sold or services to be rendered: _____

If vehicle is used:

- Year/Make and Model: _____
- Registration # and VIN #: _____
- Length of Vehicle: _____
- License Plate No.: _____

Length of time which application will be used: Annual ____ Seasonal _____ Monthly _____

**License expires January 1 of succeeding year.*

Certificate of Authority (Sales Tax) No: _____

At the time of application the following items must be presented: a copy of the certificate of authority, a photo of vehicle, copy of valid Clinton County Health Department permit, valid proof of insurance for the entire license period and must meet the liability guidelines set by the City. The policy shall provide that it may not be canceled except upon 10 days written notice served upon the City. The insurance must name the City of Plattsburgh as an additional insured party.

Operator must comply with all requirements of Plattsburgh City Code, Chapter 254.

Signature of Applicant: _____

License Issued By: _____

City Clerk/Date: _____