

VILLAGE OF HORSEHEADS

FOOD TRUCK FIRE INSPECTION APPLICATION

Name of applicant: _____

Applicant's address: _____

Date of Birth: _____ Telephone: _____

Drivers License No: _____ State if Issue: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Owner/Supervisor: _____

Provide copy of Certificate of Incorporation, Articles of Organization, Etc.:

Business' Tax Status: ☐ For Profit ☐ Not For Profit

Will you be using a vehicle, ☐ Yes ☐ No

If Yes, fill out a vehicles next page. Total vehicles used: _____

What kind of food operations are you conducting?

Have you been issued a Certificate of Authority by the NYS Department of Taxation and Finance to collect sales tax? ☐ No
☐ Yes If yes, what is your ID #: _____

Do you use a weighing or measuring device for the sale of goods? ☐ No ☐ Yes

If yes you must submit a certificate from the Chemung County Sealer of Weights and Measures that your scales or measures have been tested and sealed.

Are you licensed to handle food in any form? ☐ No ☐ Yes

If yes you must submit a Food Permit issued by the Chemung County Health Department.

I, the undersigned applicant, do hereby certify that the foregoing statements and all attachments are all true and correct.

I have read Village of Horseheads Local Law 2 of 2013 and understand same.

The undersigned represents, stipulates, contracts, and agrees that the applicant and/or organization represented by the applicant will jointly and severally indemnify and hold harmless the Village of Horseheads, its officers, employees, agents and assigns from any and all liability, including court costs and attorneys fees, including appeal, for any and all claims, injuries, damages, or expense to property or persons arising from the activities authorized by this application, registration, license or permit.

Dated: _____ 20____.

Applicant's Signature

ATTACH THE FOLLOWING DOCUMENTS TO THIS SIGNED APPLICATION:

- Vehicle Information Form

Vehicle Information Form
List complete information for each vehicle that will be used

Vehicle #1

Year _____ Make _____ Model _____

Color _____ Plate # _____ State _____

Registered Owner _____ D.O.B. _____

Who will be operating the vehicle? _____

Operator's Driver's License No. _____ State _____

Vehicle #2

Year _____ Make _____ Model _____

Color _____ Plate # _____ State _____

Registered Owner _____ D.O.B. _____

Who will be operating the vehicle? _____

Operator's Driver's License No. _____ State _____

FOR OFFICE USE ONLY

Received On: _____ By: _____

Fee of \$ _____ collected on _____

Photographs received on _____

Forwarded to Police Dept. on _____

Report Received from Police Department on _____ by _____

Proof of Registration with NYS Atty. General's Charity's Bureau received on _____

By _____.

Certificate of Incorporation/Articles of Organization received on _____

By _____.

Certificate of Insurance received on _____ by _____.

Indemnity Agreement Signed on _____ by _____

Application: [] Approved [] Denied on _____.