

CITY OF ONEIDA FOOD VENDOR LICENSE APPLICATION

January 1, 2024 – December 31,2024

COMPANY NAME: _____

ADDRESS: _____

PHONE #: _____

APPLICANT NAME: _____

PURPOSE OF LICENSE: _____

KIND OF GOODS SOLD: _____

METHOD OF DISTRIBUTION: _____

DMV VEHICLE REGISTRATION: _____

FEES:	Daily	\$25.00	<input type="checkbox"/>	Six Months	\$300.00	<input type="checkbox"/>
	Weekly	\$75.00	<input type="checkbox"/>	Yearly	\$600.00	<input type="checkbox"/>
	Monthly	\$125.00	<input type="checkbox"/>			

1ST Choice Location: _____ 2ND Choice Location: _____

3RD Choice Location: _____ 4TH Choice Location: _____

ADDITIONAL SALESPEOPLE (\$15.00 each-Driver’s License or Photo ID Required)

NAME: _____ ADDRESS: _____

NAME: _____ ADDRESS: _____

NAME: _____ ADDRESS: _____

NAME: _____ ADDRESS: _____

For Office Use Only

Approved by: _____	Date: _____
Police Department	
Approved by: _____	Date: _____
City Clerk/Deputy	License #: _____

CERTIFICATION

I do hereby certify, by signing this form, that I have received a copy of Local Law No. 3 of 2011, and do hereby certify that I will abide by the regulations of said Local Law No. 3 of 2011, and do further consent for the City of Oneida Police Department to conduct a local background check on all individuals included in this license application as being associated with this Food Vendor License.

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

TITLE: _____

PLEASE ATTACH THE FOLLOWING TO YOUR APPLICATION:

- Insurance Policy naming the City of Oneida as an additional insured
- Proof of Worker's Comp and Disability Insurance
- Valid permit from the Health Department
- NYS Sales Tax Certification (Certificate Number)
- Photocopy of the vehicle

FORMS OF PAYMENT ACCEPTED:

Cash

Personal Check from a local bank (payable to City Clerk)

Money Order (payable to City Clerk)