



Village of Medina Transient/Mobile Food Vendor Application

(Refer to Sections 178-13 Article II Transient Retail Merchants and 178-30 – Article III Mobile Food Vendors)

Date of Application: _____

Date of Expiration: _____

Fee Amount: _____

Business/Organization: _____

Vendor/Person(s) in Charge: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Dates of Operation: From: _____ To: _____

Time of Operation: From: _____ To: _____

Location of Operation: _____

Is this Private Property or Municipal Property (If it is private property a signature and contact information of the property owner must be provided.)

(Property Owner Signature)

(Property Owner Contact Information: Address and Phone Number)

Product(s) to be sold or for which orders are solicited: _____

Type of Platform Food Will Be Served From: (Check Appropriate Box)

Mobile Food Trailer (MFT): Year: _____ Make: _____ Model: _____

State of Registration _____ Plate #: _____

Mobile Food Vehicle (MFV): Year: _____ Make: _____ Model: _____

State of Registration _____ Plate #: _____

Tent: Yes ___ No ___

Push Cart: Yes ___ No ___

Stand: Yes ___ No ___

Please Attach Copies of the Following:

- Registration for trailer and/or vehicle
- Inspection for trailer and/or vehicle
- State Health Department Compliance Certificate
- County Health Department Compliance Certificate
- Sales Tax Number issued by NYS Dept. of Taxation and Finance

I acknowledge that I have read the attached rules and regulations governing the operation of mobile food vendors within the Village of Medina and agree to same.

Signature of Applicant/Date

Fee Amount:
\$25.00/day for 6 days/year (Does not
have to be consecutive days)

Chief of Police/Date