

Inc. Village of New Hyde Park  
**CATERING VEHICLE-ICE CREAM/COFFEE VENDOR PERMIT**  
**GENERAL INFORMATION**

\*\*\*Application on REVERSE side of this page\*\*\*  
Authority: Village Fee Schedule Addendum to Code Book

**FEES: PER VEHICLE**

**ANNUAL- \$250.00**

**SEASONAL-\$150.00 Six (6) months or less**

1. Fee **MUST** be paid at time application is filed.
2. All fees are non-refundable.
3. All blanks on the application are to be filled in. if an item is "not applicable" not as N/A. Leave no blanks. \*\*\*PLEASE PRINT\*\*\*
4. All applications are subject to Village Board approval. Certain applications are issued at the discretion of the Village Clerk pending approval.
5. No license or permit will be issued if the applicant, business, or principle of the corporation submitting the application has any outstanding unpaid violations due the Village.
6. The permit issued by the Village Clerk must be prominently displayed and readily available for review by any Village designated authority.
7. All permits are issued on an annual basis and expire January 31<sup>st</sup> of each year. There is a ten (10) day grace period. If permits are not renewed timely you will be subject to a \$100.00 late filling fee.

**The following information is required to be submitted with the application.**

**Any missing information will delay the application process.**

1. Copy of Nassau County Health permits.
2. Statement of days and hours of operation.
3. List of drivers with copy of drivers license(s).
4. List of vehicles with copy of Vehicle Registration.
5. Proof of Insurance.
6. Copy of Nassau County Fire Department Permit if propane gas is used.

**IF INCORPORATED:**

7. Names of all principles, corporate officers, directors and shareholders.
8. Copy of filing receipt and Certificate of Incorporation for the corporate enterprise.

**\*\*\*OVER\*\*\***

# CATERING VEHICLE-ICE CREAM/COFFEE VENDOR APPLICATION

\*\*\*General Information on REVERSE side of this page\*\*\*

DATE: \_\_\_\_\_ NEW ISSUE or RENEWAL: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_

APPLICANT PHONE NUMBER: \_\_\_\_\_ BUSINESS NUMBER: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ RELATIONSHIP OF APPLICANT TO BUSINESS: \_\_\_\_\_

DAYS AND HOURS OF OPERATION: \_\_\_\_\_

IF SEASONAL APPLICATION: START MONTH \_\_\_\_\_ END MONTH \_\_\_\_\_

Must be provided for each vehicle with a copy of registration and insurance card. Use additional sheet of paper for additional vehicles

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ BODY TYPE \_\_\_\_\_

\_WEIGHT \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_

IF A CORPORATION, NAME AND ADDRESS OF PRINCIPLE OFFICERS:

DATE OF INCORPORATION: \_\_\_\_\_

PRESIDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

VICE PRESIDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SECRETARY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TREASURER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE OF APPLICATION: \_\_\_\_\_

Signature of applicant attests to agreement with terms and conditions of this application.

**OFFICE USE ONLY**

Violation File Checked: \_\_\_\_\_ Documentation Required Received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Date Board Approved: \_\_\_\_\_ Permit #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Application Received By: \_\_\_\_\_ Issued By: \_\_\_\_\_