



CITY OF WATERTOWN, NEW YORK

OFFICE OF CITY CLERK

CITY HALL, ROOM 101

245 WASHINGTON STREET

WATERTOWN, NEW YORK 13601-3387

(315) 785-7780 Fax (315) 785-7796

Ann M. Saunders  
City Clerk

**Vending in Public Streets License Application**

License covers May 1<sup>st</sup> through April 30<sup>th</sup> of the following year  
Annual fee of \$150

**Instructions:**

1. Complete all sections of the application form.
2. If selling food, contact the Code Enforcement Office at (315) 785-7735 to make arrangements for an inspection of equipment.
3. Review supporting documentation requirements below.
4. Return application form with the appropriate supporting documentation to the City Clerk's Office, 245 Washington Street, Watertown, NY 13601.
5. Once the application is approved by the City Manager, payment will be due prior to the issuance of the license.

**Supporting Documentation:**

- Copy of Certificate of General Liability Insurance naming the City of Watertown as additional insured (Coverage requirements - \$2,000,000 for general aggregate and \$1,000,000 for each occurrence)
- Copy of valid NYS Dept of Health Permit (if selling food)
- Copy of Code Enforcement Mobile Food Vehicle Inspection form (if selling food)

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Business Address (if applicable): \_\_\_\_\_

\_\_\_\_\_ Business Phone: \_\_\_\_\_

Sales Tax #: \_\_\_\_\_

Type of Vending: \_\_\_\_\_

Location of Vending: \_\_\_\_\_

Days of Operation: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

If previous experience of applicant with similar work, where: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In signing this application, I herewith agree to abide by all the Ordinances or Regulations relating to the license desired and I understand that failure to abide by the same is just cause for the revocation of license. I also agree to a records check to be done by the City of Watertown Police Department.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**City Use Only:**

Code Enforcement Review by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Operating Permit # (if applicable) \_\_\_\_\_

Police Dept Review by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

DPW Review by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Planning Review by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

City Manager Review and Final Approval:

Comments/ Restrictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved / Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

Once approved, send copy to Code Enforcement, Police Chief, DPW Superintendent and Fire Chief for informational purposes: \_\_\_\_\_ Date sent: \_\_\_\_\_