



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 1st through April 30th of the following year
Annual fee of \$100

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: _____

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: _____