

**TOWN OF WEST SENECA  
APPLICATION FOR MOBILE FOOD VENDOR**

**DATE:** \_\_\_\_\_

**PERMIT #** \_\_\_\_\_

**FEE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

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

**DATE OF BIRTH:** \_\_\_\_\_

**PHONE NO:** \_\_\_\_\_

**LOCATION OF SOLICITATION:** \_\_\_\_\_

**DESCRIPTION OF VEHICLES USED DURING SOLICITATION (make, model, year, color, license plate number, applicant's driver's license number, State of issuance)**

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

**PURPOSE OF SOLICITATION:** \_\_\_\_\_

**Are you operating as a d/b/a?** \_\_\_\_\_

**If yes, Certificate No:** \_\_\_\_\_

**NYS Sales Tax Certificate No.** \_\_\_\_\_

**If applicant is employed by someone, attach letter of authorization and complete the following.**

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

\_\_\_\_\_  
**APPLICANT SIGNATURE**