

**APPLICATION FOR STREET VENDING  
(OUTSIDE THE ITHACA COMMONS)**

APPLICANT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

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

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

E-MAIL ADDRESS: \_\_\_\_\_

**TYPE OF PERMIT REQUESTED:**

**FOOD TRUCKS: 30x10’ Site**

\$100 Administrative Fee (due annually)

**PLUS**

Required Base Permit Fee:

Annual (April 1 – March 31) - **\$3,813** OR  Seasonal (April 1 – October 31) - **\$3,180**

**PLUS**

Location Type:

Premium Location: **\$1,131** x \_\_\_\_\_ (# of Sites)

Total Permit Fee: \$ \_\_\_\_\_

Standard Location: **\$ 234** x \_\_\_\_\_ (# of Sites)

Total Permit Fee: \$ \_\_\_\_\_

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**FOOD CART / PUSH CART: 10x10’ Site**

\$100 Administrative Fee (due annually)

**PLUS**

Required Base Permit Fee:

Annual (April 1 – March 31) - **\$1,271** OR  Seasonal (April 1 – October 31) - **\$1,060**

**PLUS**

Location Type:

Premium Location - **\$377** x \_\_\_\_\_ (# of Sites)

Total Permit Fee: \$ \_\_\_\_\_

Standard Location - **\$ 78** x \_\_\_\_\_ (# of Sites)

Total Permit Fee: \$ \_\_\_\_\_

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**ROUTE BASED TRUCK / ICE CREAM TRUCK - \$500** (Requires mapped route)

**HERITAGE PERMIT** (Annual permit for Street Vendors that have operated under previous City issued permits in their current location prior to October 1, 2003) - **\$5,000**

**All documentation listed below MUST be submitted to the City Clerk’s Office, including the Mobile Vending Application, and fees in order for application to be considered complete.**

**\*\*\*INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED\*\*\***

**Required Documentation**

The following documentation and fee must be submitted with the Street Vending Application to the City Clerk’s Office for the application to be considered complete. Incomplete applications will not be accepted or reviewed.

- \$100 Application Fee (Non-refundable) – This fee covers administrative costs.
- General Liability Insurance Certificate in the amount of \$1,000,000 naming the City of Ithaca as an Additional Insured (Contact your local insurance company for more information)
- A copy of a New York Sales Tax Certificate (NYS Taxation & Finance Office <https://www.tax.ny.gov/>)
- Proof of Workers’ Compensation and Disability Coverage required by New York State. Please note the “ACCORD” form is no longer acceptable proof of workers’ compensation coverage. Contact New York State Workers’ Compensation at 1-866-802-3604 or visit their website at <http://www.wcb.ny.gov/> with questions; OR
- Completed NYS Workers’ Compensation waiver if the applicant is not required to provide such coverage. Contact New York State Workers’ Compensation at 1-866-802-3604 or visit their website at <http://www.wcb.ny.gov/> with questions.
- Health Department Certificate from Tompkins County Department of Health (607- 274-6688).
- Description of food items offered for sale (for informational purposes only).
- Description of the mobile vending unit (food truck) or photographic image.
- Copy of the current vehicle registration and proof of automobile insurance, as required by NYS Department of Motor Vehicles.
- A written description of your waste disposal plans for trash, water, grease, and other materials. City Staff will review the description; modifications may be required before a permit is issued.
- Proof of 501(C)(3) Designation (if applicable).
- Copy of IFD permit for solid, liquid or gas fired cooking/heating appliances
- Background Check Authorization Form (if applicable). Route based vendors and vendors wishing to vend in or near city parks must authorize a background check to be performed by the City.

**Vending Locations**

Approved locations are listed in Attachment A of the Street Food Vending Policy.

Requested Location #	Vending Days	Vending Times	Approved? Y/N
	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/> Breakfast; <input type="checkbox"/> Lunch; <input type="checkbox"/> Dinner; <input type="checkbox"/> Late Night	
	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/> Breakfast; <input type="checkbox"/> Lunch; <input type="checkbox"/> Dinner; <input type="checkbox"/> Late Night	
	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/> Breakfast; <input type="checkbox"/> Lunch; <input type="checkbox"/> Dinner; <input type="checkbox"/> Late Night	
	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/> Breakfast; <input type="checkbox"/> Lunch; <input type="checkbox"/> Dinner; <input type="checkbox"/> Late Night	
	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/> Breakfast; <input type="checkbox"/> Lunch; <input type="checkbox"/> Dinner; <input type="checkbox"/> Late Night	

**I, the undersigned Applicant, have read and understand City of Ithaca’s Street Vending Policy, and agree to abide by the documented rules and procedures.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use Only**

**APPLICATION APPROVAL:**

Administrative Fee Paid on \_\_\_\_\_ (date) by Cash or Check # \_\_\_\_\_

Permit Fee of \$ \_\_\_\_\_ paid on \_\_\_\_\_ (date) by Cash or Check # \_\_\_\_\_

Waste Disposal Plan Approved by: \_\_\_\_\_ on \_\_\_\_\_ (date).

NOTES: \_\_\_\_\_  
\_\_\_\_\_

**Application Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Office of the City Clerk

Termination or Revocation: \_\_\_\_\_ (date) Reason: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_