

Office of the City Clerk  
 433 River St, Suite 5001  
 Troy, NY 12180  
 (518) 279-7134



## VENDOR PERMIT

For motor vehicles or food carts/trucks

|                                                                                                                                                                                                                                                                                                                      |         |             |                               |                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------|-------------------------------|---------------------------------------------------------------|
| Name:                                                                                                                                                                                                                                                                                                                |         |             |                               |                                                               |
| Date of Birth:                                                                                                                                                                                                                                                                                                       |         | SS#:        |                               | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Height:                                                                                                                                                                                                                                                                                                              | Weight: | Hair Color: | Eye Color:                    |                                                               |
| Home Address:                                                                                                                                                                                                                                                                                                        |         |             |                               |                                                               |
| Home Phone:                                                                                                                                                                                                                                                                                                          |         | Work Phone: |                               | Cell Phone:                                                   |
| Email Address:                                                                                                                                                                                                                                                                                                       |         |             | Driver's License State and #: |                                                               |
| <input type="checkbox"/> Self-Employed <input type="checkbox"/> Employer Name:                                                                                                                                                                                                                                       |         |             |                               |                                                               |
| Work Address:                                                                                                                                                                                                                                                                                                        |         |             |                               |                                                               |
| Has a license ever been revoked or denied by the City of Troy or any other municipality? <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                    |         |             |                               |                                                               |
| If yes, explain:                                                                                                                                                                                                                                                                                                     |         |             |                               |                                                               |
|                                                                                                                                                                                                                                                                                                                      |         |             |                               |                                                               |
| Describe what you intend to vend (be specific):                                                                                                                                                                                                                                                                      |         |             |                               |                                                               |
|                                                                                                                                                                                                                                                                                                                      |         |             |                               |                                                               |
| Describe vending unit/mode of transportation (truck, cart, etc.):                                                                                                                                                                                                                                                    |         |             |                               |                                                               |
| If applicable, list license plate numbers of vehicles:                                                                                                                                                                                                                                                               |         |             |                               |                                                               |
| Intended vending location:                                                                                                                                                                                                                                                                                           |         |             |                               |                                                               |
| Dates and times you will be vending:                                                                                                                                                                                                                                                                                 |         |             |                               |                                                               |
| I hereby indemnify the City of Troy, New York and save it harmless from all loss, damage, or injury to property or persons arising out of, or caused by or in any way connected with the operation of my vending business. I understand that this license may be cancelled at any time if sufficient cause is shown. |         |             |                               |                                                               |
| Signature:                                                                                                                                                                                                                                                                                                           |         |             |                               | Date:                                                         |

**Attach: 1) A copy of your driver's license; 2) A copy of your Certificate of Insurance; 3) Proof of worker's compensation/certificate of exemption; 4) Background check form; 5) One passport size photo; 6) Rensselaer County Health Dept. certification for food/beverage vendors; 7) \$20 application fee. Cash or check only. Payable to: Troy City Clerk.**

|                  |       |
|------------------|-------|
| Office Use Only  |       |
| Chief of Police: | Date: |
| Deputy Mayor:    | Date: |
| City Clerk:      | Date: |

## **Vendor Permit Fee, Food Permit, Insurance Requirements, and Rules**

### Permit Fee

If you are approved for a permit, the Vendor Permit fee is \$250 for a six-month permit or \$500 for a one-year permit. Permits expire on December 31st regardless of when the permit was issued.

### Food/Beverage Vendors

Food/beverage vendors must first obtain a food permit from the Rensselaer County Department of Health. Please call them at 518-270-2711.

### Insurance Requirements for Vendor Licenses

1. Certificate of Liability Insurance. During the term of any permit, the permit holder shall carry liability insurance naming the City of Troy as an additional named insured for the period covered by the permit. The following insurance coverage amounts shall apply:

- \$1,000,000 Each Occurrence
- \$2,000,000 Aggregate
- \$1,000,000 Products and Completed Operations
- \$2,000,000 Products and Completed Operations Aggregate
- \$1,000,000 Advertising and Personal Injury Liability

If alcoholic beverages are served and/or sold:

- \$1,000,000 Liquor Liability

Umbrella Liability \$1,000,000 to \$5,000,000 – amount determined by the type of event at the discretion of the Corporation Counsel

2. Proof of Worker's Compensation. Vendors are required to provide proof of Worker's Compensation Insurance for the period covered by the permit. If you are self-employed and do not require Worker's Compensation Insurance, you should submit Certificate of Attestation of Exemption, (form CE-200), available from the Workers' Compensation Board at [www.wcb.ny.gov](http://www.wcb.ny.gov) or 150 Broadway, Suite #195, Menands, NY 12204.

### Rules

Please note the following rules from Chapter 224 of the Troy City Code:

- You are not allowed to shout or use any sound devices (horns, bells, loudspeakers, etc.)
- You do not have exclusive right to any location and you may not impede or inconvenience the public.
- You are not allowed to solicit or vend within 200 feet of any school, firehouse, public building or privately-operated store or business.
- You must display your license to any City employee or citizen who requests to see it. You must keep it in your vehicle at all times.
- Do not alter or mutilate your license in any way.