

**VENDOR PERMIT**  
**(For 6-month or 12-month permits)**  
For motor vehicles or food carts/trucks



**To apply for a 6- or 12-month permit, submit the following items:**

1. Completed **application form**.
2. Completed **background check form**. See form for instructions regarding **fingerprinting**. City law requires that fingerprinting be done every time you apply for a vendor permit.
3. A copy of your driver's license or other **government-issued photo ID**.
4. **Certificate of Liability Insurance**. You must carry liability insurance naming the City of Troy as an additional insured for the period covered by the permit in the following amounts:
  - \$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
5. New York State law requires that you submit either **proof of workers' compensation/disability insurance** (Form C-105.2) or **proof of exemption** (Form CE-200). Go to <http://www.wcb.ny.gov/> for more information. You must submit one of these forms; a written statement is not acceptable.
6. One passport-size (2" x 2") **photo**.
7. Food/beverage vendors must obtain a **food/beverage permit** from the Rensselaer County Department of Health. You can reach them at 518-270-2711.
8. **\$20 non-refundable application fee**. Cash, check, or money order. Payable to Troy City Clerk.

**Incomplete applications will not be processed.**

**Fees**

There is a \$20 non-refundable processing fee. If you are approved for a permit, you will be charged an additional \$250 for a six-month permit or \$500 for a one-year permit.

**Rules**

- You must remove all garbage. Do not leave in public trashcans.
- Do not block the sidewalk. You must leave 60 inches of clearance for passersby.
- You do not have exclusive right to any location and may not impede or inconvenience the public.
- You are not allowed to shout or use any sound devices (horns, bells, loudspeakers, etc.)
- You must display your permit to any City employee or resident who requests to see it. Keep it in your vehicle at all times.
- Do not alter or mutilate your permit in any way.

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



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**or 12-month permits)**  
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 carts/trucks

Full Legal Name:		
Date of Birth:	SS#:	
Home Address:		
Home Phone:	Work Phone:	Cell Phone:
Email Address:	Driver's License State and #:	
I am requesting a <input type="checkbox"/> 6-month permit <input type="checkbox"/> 12-month permit for the purpose described below.		
<input type="checkbox"/> Self-Employed/Business Name:		
<input type="checkbox"/> Employer Name:		
Business Address:		
Describe what you intend to sell (be specific):		
Will you be using <input type="checkbox"/> a truck/car <input type="checkbox"/> pushcart <input type="checkbox"/> table and/or tent <input type="checkbox"/> other, describe:		
If applicable, list license plate numbers of vehicles:		
Requested vending location (be specific):		
Requested days: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat	Requested times:	
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:		
<b>I hereby indemnify the City of Troy and hold 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 this business. I understand that this permit may be cancelled at any time if sufficient cause is shown.</b>		
<b>Signature:</b>		<b>Date:</b>

<b>Office Use Only</b>	
Chief of Police	Date:
Commissioner of GS:	Date:
Deputy Mayor:	Date:
City Clerk:	Date:

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BACKGROUND CHECK  
AUTHORIZATION

- Special Event Coordinator     
  Peddler\*     
  Games of Chance/Bingo  
 One-Day Event Vendor     
  Vendor\*

\*Fingerprinting is required every time you apply for a Vendor or Peddler permit. Contact L1 Enrollment Services at 877-472-6915 or [www.L1enrollment.com](http://www.L1enrollment.com) and use ORI#NY0410201. There is a charge for this service; make payment directly to L1.

Full Legal Name:			
Address:			
Date of Birth:		Social Security #:	
List any and all other names you have ever used:			
List all nicknames you have ever used:			
List in reverse chronological order all of the places you have resided in the past ten years:			
Street # and Name	City or Town	State/Province	Country
Have you ever been convicted of a crime? If yes, explain:			
I hereby give the City of Troy and its agents permission to conduct a criminal background check regarding my past history. This background check includes, but is not limited to, a records check to determine whether I have ever been convicted of any crime or have a criminal record. Giving false statements on this application will result in immediate disqualification for the permit or license for which I have applied. I declare under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information, and belief.			
Signature:		Date:	

Fingerprint review: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Local review: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
<hr style="width: 100%;"/> Signature <span style="float: right;">Date</span>