

# ONE-DAY EVENT VENDOR PERMIT



## To apply for a One-Day permit, submit the following items:

1. Completed **application form**.
2. Completed **background check form** (fingerprinting not required).
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

If alcoholic beverages are served or sold, add:

  - \$1,000,000 Liquor 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. If you are preparing, processing, or cooking food on site, you must hold a **one-day or mobile food permit** from the Rensselaer County Department of Health. You can reach them at 518-270-2711.
7. In order to serve, sell, or consume alcohol on City property, you must get a **permit from the New York State Liquor Authority**, available online at <https://sla.ny.gov/permits-available-online>. As part of your NYS SLA permit application, you will need a permission letter and waiver of the open container law from the Deputy Mayor. These will not be provided until your One Day Event Vendor application has been approved.
8. **\$20 non-refundable application fee**. Cash, check, or money order. Payable to Troy City Clerk.

**Incomplete applications will not be processed.**

Office of the City Clerk  
 433 River St, Suite 5001  
 Troy, NY 12180  
 (518) 279-7134  
 fax: 518-270-4639  
 cityclerk@troyny.gov



**ONE DAY EVENT  
 VENDOR PERMIT**

**YOU MUST SUBMIT YOUR APPLICATION AT LEAST  
 2 WEEKS BEFORE THE EVENT**

Contact Person:		
Phone #:	Email:	
<input type="checkbox"/> Self-Employed/Business Name:		
<input type="checkbox"/> Employer Name:		
Mailing Address:		
Type of Event: <input type="checkbox"/> Block Party <input type="checkbox"/> Street Festival <input type="checkbox"/> Parade <input type="checkbox"/> Other:		
Name of Event:		
Date of Event:	Hours:	
Describe Items Being Sold or Distributed:		
Are you selling food/beverages? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Applicant's Signature:		Date:
<p>Attach to your application:</p> <ol style="list-style-type: none"> <li>1) \$20 processing fee</li> <li>2) Background check form (fingerprinting not required)</li> <li>3) Certificate of Insurance naming the City of Troy as an additional insured</li> <li>4) Proof of worker's compensation insurance or proof of exemption</li> <li>5) Rensselaer County Health Department Certification for food/beverage vendors</li> </ol> <p><b>Incomplete applications will not be processed.</b></p>		
Office Use Only		
Commissioner of General Services:		Date:
Deputy Mayor:		Date:
Chief of Police:		Date:
(seal)	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>