

# LACKAWANNA CITY CLERK

Jeffrey P. DePasquale  
City Clerk  
Registrar of Vital Statistics

Linda M. Smerka  
Deputy Registrar



## MOBILE FOOD TRUCK LICENSE APPLICATION

**Type of entity:** (circle the appropriate designation)

Sole Proprietor

Corporation

Partnership

Limited Liability Company

**Name of Applicant:** \_\_\_\_\_

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

**Name on MFT:** \_\_\_\_\_

**Business/Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Business Phone #** \_\_\_\_\_

**Business Webpage** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**New York State Tax ID#** \_\_\_\_\_

**Printed Name of Applicant** \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_

**date** \_\_\_\_\_

**Relationship of applicant to the MFT** \_\_\_\_\_

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## MOBILE FOOD TRUCK LICENSE APPLICATION

### REQUIREMENTS:

1. A valid NYS Motor Vehicle Registration
2. A valid NYS Driver's License for each party driving the MFT
3. A current criminal background check for each party driving the MFT  
(a current license from the City of Buffalo can be substituted)
4. A valid Erie County Health permit
5. A current photo of the MFT
6. Insurance coverage of \$100,000 per person and 300,000 per incident. Insurance coverage must contain proof of a thirty day cancellation clause and must name: the City of Lackawanna, 714 Ridge Rd, Lackawanna, NY 14218 as an additional Insured. Coverage must be for the following:
  - a. Public Liability
  - b. Food product liability
  - c. Property Insurance
  - d. Worker's Compensation Insurance or an Exemption Certificate if there are no employees
7. **Fee in the amount of \$50.00, Payable to the City of Lackawanna**