



Kathy M. Sheehan
Mayor

Office of the City Clerk
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Shaniqua Jackson
City Clerk

VENDOR PERMIT FOR CAPITAL PARK ONLY – CURBSIDE AND STREET / SEASONAL

Food Curbside – Truck \$2,170.00 /year ☐

Food Sidewalk – Cart \$1,085.50 /year ☐

Applicant's Name: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Business Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Place of Birth: _____

Attach an inclusive list of what you will vend.

You may only vend what you have described on this application.

Are you self-employed? Yes ☐ No ☐ If no, please give the name, address, and phone number of your employer.

Name: _____

Address: _____ Phone #: _____

Are you in partnership with anyone? Yes ☐ No ☐ If yes, please give the name, address, and phone number of the individual or corporation.

Name: _____

Address: _____ Phone#: _____

Do you have credentials authorizing you to act as a representative of another?

Yes ☐ No ☐ If yes, please attach a separate sheet of paper to explain including name, address, and phone number of person or corporation you are representing.

Do you have any financial or property interest in any other vending operation, which is also applying for a vending permit? Yes ☐ No ☐ If yes, please attach separate sheet of paper

to explain including name, address, and phone number of the person or corporation you have interest with.

Have you ever been known by another name other than the one used for this application?

Yes ☐ No ☐ If so, what name? _____

Has a vendor license been revoked or denied by any other municipality in the past five (5) years? Yes ☐ No ☐

If yes, explain: _____

Have you ever been convicted of a crime or misdemeanor? Yes ☐ No ☐

If yes, indicate where, date, and nature of the crime. _____

Have you ever been fingerprinted? Yes ☐ No ☐ If yes, where, when, and by what

Agency? _____

I verify that all the answers and information given freely by me on this application are true and accurate in all aspects and particulars, and are made solely for the purpose of obtaining the issuance of a vendor's permit. I understand that this permit allows only me to vend in the space that I am assigned by the City of Albany and that I have no rights of ownership on this space or the ability to transfer this space to anyone else. I understand that upon discovery, any inaccurate or misleading information may cause me to forfeit the license. I hereby indemnify the City of Albany and hold it harmless for all loss, damage or injury to person or property as a result of any activity connected with the issuance of this vending permit.

Signature of Applicant

Date

Sworn before me this day _____

Of _____, **20** _____.

Commissioner of Deeds / Notary Public