

2022 TOWN OF ORCHARD PARK MOBILE FOOD VENDING PERMIT EXCLUDING STADIUM EVENTS

NAME OF ORGAN	NIZATION:			
CONTACT PERSO	N:	EMAIL:		
PHONE: (CELL)_		(HOME/WO	PRK)	
Description of Mot	or Vehicle: Year Mak	e/Model		
VIN # :		Pla	nte #:	
LOCATION OF EV	/ENT			
DATE OF EVENT:	·			
START AND END	TIME OF EVENT:			
	LIST ADDITIONAL	L EVENTS ON REVI	ERSE SIDE OF PAG	E
		ONREFUNDABLE F		
PERMIT APPLICA	TION \$100.00:	Date Paid	Payment Type	Clerk Initials
INSPECTION/OPE	RATING PERMIT \$75.00:	Date Paid	Payment Type	Clerk Initials
Date of Town Board	d Meeting			
☐ CERTIFICATE (OF LIABILITY INSURANC	Е		
I, THE UNDERSIG	NED, HEREBY MAKE API	PLICATION FOR THI	E ABOVE DESCRIB	ED SPECIAL EVENT, AND
AGREE TO BE BO	OUND BY THE TERMS HER	REIN STATED.		
PRINT NAME:				
SIGNATURE:				DATE:
OFFICE USE	E ONLY: ADDITIONAL SE	ERVICES TO BE DE	TERMINED BY TO	WN DEPARTMENTS
	TION BY CODE ENFORCE			
TOWN BOARD	Approved	Denie	d	Date
BUILDING				_ Date
POLICE	Approved			
TO BE NOTIFIED:	☐ EMERGENCY DISAST			
	IFIED Date:			

- ANY FURTHER SUBMITIONS MUST BE SUBMITTED 2 WEEKS PRIOR TO EVENT FOR APPROVAL.
- NO MOBILE VENDING WILL OCCUR BEFORE 8:00AM OR AFTER 11:00PM.
- FINAL APPROVAL IS AT THE DISCRETION OF THE ORCHARD PARK TOWN BOARD.
- FAILURE TO COMPLY WITH THESE TERMS WILL RESULT IN A FINE OF UP TO \$250.

Valid for the Fiscal Year, January 1st through December 31st



2022 TOWN OF ORCHARD PARK MOBILE FOOD VENDING PERMIT EXCLUDING STADIUM EVENTS

Town Clerk Seal

LOCATION OF EVENT
DATE OF EVENT:
START AND END TIME OF EVENT:
LOCATION OF EVENT
DATE OF EVENT:
START AND END TIME OF EVENT:
LOCATION OF EVENT
DATE OF EVENT:
START AND END TIME OF EVENT:
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START AND END TIME OF EVENT:
LOCATION OF EVENT

Town of Orchard Park

BUILDING INSPECTOR'S OFFICE S 4295 South Buffalo Street Orchard Park, New York 14127-2609



Phone: 716-662-6430 Fax: 716-662-6419 www.orchardparkny.org

Date:

Operating Permit Application

Part I: Applicant/ Building Information

Applicant's Name:	
Applicant's Address:	
Contact Person:	Phone:
Location of Activity:	SBL:
Duration of Activity:	
Current Occupancy Class:	
Contractor:	Phone:
Part II:	Type of Operating Permit
the type(s) of Operating Permit(s) requeste	any activity or to use any class of building listed below. Please indicate ed by checking each applicable box. (If you require assistance, or would Orchard Park Building Department at 662-6430.)
_	Osf. Tents with no sides, exceeding 700sfSite Plan
☐ Propane tank – awaiting use, re	esale or exchange stored outside of buildings.
Quantity/SizesS	ite Plan Distance from an opening
☐ Carbon Dioxide (CO₂) Systems	used in beverage dispensing, exceeding 100lbs of CO2.
Pyrotechnic devices displays	Site Plan NYS license Quanities/Type
☐ Food Truck (mobile food prepare)	ration vehicle) Propane Alarm Suppression System
K Extinguisher ABC Ext	inguisher Plate Number

Operating

Town of Orchard Park Date:____



Othe	er Operating Permit Uses				
	of a building containing one of 100 persons or more		assembly of public assembly wit	h an	occupant
Man		ing hazardous materials	in quantities exceeding those list	ted in the uniform	
Cond	ducting a hazardous process	or activity (commercial			yproduct, fruit and crop ripening, a
	of a building whose use or o	ccupancy classification I	has been determined by the Tow	n of Orchard	Park as posing a substantial potentia
		Part III: Pre	emises/ Building In	formation	
		Operating P	Permit Application	n Form	
Pu	blic display Requir	es Board Annro	wal / limait and form		
	and display megan	es board Appro	ovai/ ilmited for:		
			ovaly limited for:		
To t	the best of my knowled	lge, the foregoing por			res of the Town of Orchard Par nable time to perform all
To t	the best of my knowled Building Inspector(s) a	lge, the foregoing porce permitted to entermitted work.	etition and plans conform ter the premises listed here		
To t	the best of my knowled Building Inspector(s) a uired inspections of the Owner:	lge, the foregoing porce permitted to entermitted work.	etition and plans conform ter the premises listed here	in in any reaso	
To t	the best of my knowled Building Inspector(s) a uired inspections of the Owner: Address:	lge, the foregoing porce permitted to entermitted work.	etition and plans conform ter the premises listed here	in in any reaso	
To t	the best of my knowled Building Inspector(s) a uired inspections of the Owner: Address:	lge, the foregoing porce permitted to entermitted work. Print and	etition and plans conform ter the premises listed here	in in any reaso	
To to the requestion operty (the best of my knowled Building Inspector(s) a uired inspections of the Owner: Address: City Le	lge, the foregoing pore permitted to enter permitted work. Print and tter of Authorization	etition and plans conform to ter the premises listed here sign State on Submitted Official Use Only: ecs □ Disability	zip	nable time to perform all