



# 2024 TOWN OF ORCHARD PARK MOBILE FOOD VENDING PERMIT **EXCLUDING STADIUM EVENTS**

NAME OF ORGANIZATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
PHONE: (CELL) \_\_\_\_\_ (HOME/WORK) \_\_\_\_\_  
Description of Motor Vehicle: Year \_\_\_\_\_ Make/Model \_\_\_\_\_  
VIN #: \_\_\_\_\_ Plate #: \_\_\_\_\_  
LOCATION OF EVENT \_\_\_\_\_  
DATE OF EVENT: \_\_\_\_\_  
START AND END TIME OF EVENT: \_\_\_\_\_

- ☐ **CERTIFICATE OF LIABILITY INSURANCE**  
☐ **ERIE COUNTY DEPARTMENT OF HEALTH MOBILE FOOD SERVICE ESTABLISHMENT PERMIT**

**LIST ADDITIONAL EVENTS ON REVERSE SIDE OF PAGE**

## **NONREFUNDABLE FEES:**

PERMIT APPLICATION \$100.00: Date Paid \_\_\_\_\_ Payment Type \_\_\_\_\_ Clerk Initials \_\_\_\_\_  
OPERATING PERMIT / INSPECTION \$75.00: Date Paid \_\_\_\_\_ Payment Type \_\_\_\_\_ Clerk Initials \_\_\_\_\_

Date of Town Board Meeting \_\_\_\_\_

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR THE ABOVE DESCRIBED SPECIAL EVENT, AND  
AGREE TO BE BOUND BY THE TERMS HEREIN STATED.

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## **OFFICE USE ONLY: ADDITIONAL SERVICES TO BE DETERMINED BY TOWN DEPARTMENTS**

DATE OF INSPECTION BY CODE ENFORCEMENT: \_\_\_\_\_

<b>TOWN BOARD</b>	Approved _____	Denied _____	Date _____
<b>BUILDING</b>	Approved _____	Denied _____	Date _____
<b>POLICE</b>	Approved _____	Denied _____	Date _____

TO BE NOTIFIED: ☐ EMERGENCY DISASTER COORDINATOR

APPLICANT NOTIFIED Date: \_\_\_\_\_

- ANY FURTHER SUBMISSIONS 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 1<sup>st</sup> through December 31<sup>st</sup>**

*Town Clerk Seal*





# 2024 TOWN OF ORCHARD PARK MOBILE FOOD VENDING PERMIT **EXCLUDING STADIUM EVENTS**

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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_



# Town of Orchard Park

Date: \_\_\_\_\_

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

## 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

An Operating Permit is required to conduct any activity or to use any class of building listed below. **Please indicate the type(s) of Operating Permit(s) requested by checking each applicable box.** (If you require assistance, or would like more information, contact the Town of Orchard Park Building Department at 662-6430.)

- ☐ **Tents with sides**, exceeding 400sf.      ☐ **Tents with no sides**, exceeding 700sf.  
Quantity/Sizes \_\_\_\_\_ Site Plan \_\_\_\_\_
- ☐ **Propane tank** – awaiting use, resale or exchange stored outside of buildings.  
Quantity/Sizes \_\_\_\_\_ Site Plan \_\_\_\_\_ Distance from an opening \_\_\_\_\_
- ☐ **Carbon Dioxide (CO<sub>2</sub>) Systems** used in beverage dispensing, exceeding 100lbs of CO<sub>2</sub>.
- ☐ **Pyrotechnic devices displays** Site Plan \_\_\_\_\_ NYS license \_\_\_\_\_ Quantities/Type \_\_\_\_\_
- ☐ **Food Truck** (mobile food preparation vehicle) Propane Alarm \_\_\_\_\_ Suppression System \_\_\_\_\_  
K Extinguisher \_\_\_\_\_ ABC Extinguisher \_\_\_\_\_ Plate Number \_\_\_\_\_

Operating



# Town of Orchard Park

Date: \_\_\_\_\_



## Other Operating Permit Uses

- ☐ Use of a building containing one or more areas of public assembly with an occupant load of 100 persons or more \_\_\_\_\_
- ☐ Manufacturing, storing or handling hazardous materials in quantities exceeding those listed in the uniform code. \_\_\_\_\_
- ☐ Conducting a hazardous process or activity (commercial operation which produces combustible dust as a byproduct, fruit and crop ripening, and waste handling. \_\_\_\_\_
- ☐ Use of pyrotechnic devices in assembly occupancies. \_\_\_\_\_
- ☐ Use of a building whose use or occupancy classification has been determined by the Town of Orchard Park as posing a substantial potential hazard to public safety.

## Part III: Premises/ Building Information

### Operating Permit Application Form

Public display Requires Board Approval/ limited for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge, the foregoing petition and plans conform to the ordinances of the Town of Orchard Park. The Building Inspector(s) are permitted to enter the premises listed herein in any reasonable time to perform all required inspections of the permitted work.

Property Owner: \_\_\_\_\_  
Print and Sign

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ Letter of Authorization Submitted

Official Use Only:

Town Clerk Stamp

Items supplied: ☐ Survey or Drawing ☐ Specs ☐ Disability \_\_\_\_\_ ☐ Workers Compensation \_\_\_\_\_  
☐ Insurance Wavier \_\_\_\_\_ ☐ Liability \_\_\_\_\_ ☐ prescribed period \_\_\_\_\_ ☐ until revoked \_\_\_\_\_

Building Inspector: \_\_\_\_\_ Inspection Date \_\_\_\_\_ Issued: \_\_\_\_\_

Permit #: \_\_\_\_\_ Permit Fee \_\_\_\_\_ + Additional Fee \_\_\_\_\_ = \_\_\_\_\_