



2023 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: _____

TOWN BOARD Approved _____ Denied _____ Date _____

BUILDING Approved _____ Denied _____ Date _____

POLICE 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 1st through December 31st

Town Clerk Seal



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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 (CO₂) Systems used in beverage dispensing, exceeding 100lbs of CO₂.

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



Other Operating Permit Uses

- Use of a building containing one or more areas of public assembly 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 _____ = _____