

**VILLAGE OF NORTH SYRACUSE  
APPLICATION FOR FOOD VENDOR LICENSE**

1. Name and address of applicant (if a partnership, corporation or other entity, also give the name and address of the individual members of the partnership, officers of the corporation, members of the limited liability company, etc.)

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2. Applicant's date of birth: \_\_\_\_\_

3. Applicant's social security number: \_\_\_\_\_

4. Name and address of partnership, corporation or other entity which the applicant represents:

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5. Employer Identification Number of entity, if applicable: \_\_\_\_\_

6. Provide Applicant's telephone number, as well as a cellular telephone number at which the Applicant and an employee present at the site from which Applicant is selling food may be reached at all times:

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7. Have you or any of the persons named in item 1 been convicted of a misdemeanor or felony? For purposed of this question, traffic violations do not need to be reported. If yes, provide details, including date(s) of conviction, offense(s), penalty(ies) imposed and court(s) of conviction.

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8. Have any of the persons who will be employed by the Applicant or the entity, and who will be working in the Village of North Syracuse, ever been convicted of a misdemeanor or felony? For purposed of this question, traffic violations do not need to be reported. If yes, provide details, including date(s) of conviction, offense(s), penalty(ies) imposed and court(s) of conviction.

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9. Has the Applicant or the entity the Applicant represents ever applied for a license for any purpose from the Village of North Syracuse? If yes, provide details, including (i) name of applicant and entity, (ii) type of license, (iii) date of application, (iv) whether application was granted or denied, (v) if application was denied, reason for denial, (vi) whether application was revoked, and (vii) if application was revoked, the reason for revocation.

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10. Have you or the entity you represent ever applied for a similar license, including a license for peddling or soliciting, from any other municipality in the state of New York? If yes, provide details, including (i) name of applicant and entity, (ii) type of license, (iii) date of application, (iv) whether application was granted or denied, (v) if application was denied, reason for denial, (vi) whether application was revoked, and (vii) if application was revoked, the reason for revocation; (viii) municipality.

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11. Explain in detail the type of activity proposed to be conducted in the Village of North Syracuse, including the kind of food or goods to be sold:

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12. Provide the proposed hours and days of operation:

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13. Provide information regarding the type of structure or motor vehicle to be used by the Applicant in carrying on the business for which the license is desired. If a structure is to be used, provide information on how the structure will be transported to and from the desired location. If a motor vehicle of any kind is to be used, provide the registration number, make, model and color of the vehicle. Attach to the application a color photograph of the structure or motor vehicle to be used.

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14. Length of time license is desired: \_\_\_\_\_

15. If Applicant claims exemption from license requirement, state why:

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16. Are the premises on which the Applicant seeks to conduct its business owned by the Applicant or the entity the Applicant represents? If not, provide name, address and telephone number for owner of record.

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17. If premises on which Applicant seeks to conduct its business are not owned by the Applicant or the entity the Applicant represents, attach as part of this application written permission from the owner of record for the Applicant to operate at the premises.

18. Attach a rendering to scale, of the premises at which Applicant seeks to conduct its business and the location on the premises where Applicant seeks to locate. Include all relevant structures and site information, including, but not limited to, location of buildings, landscaping, parking, driveways and drive aisles.

19. Applicant hereby certifies that he or she has read and agrees to fully comply with applicable provisions of the Village of North Syracuse Code, including, but not limited to, Chapter 169, Article III. (SEE ATTACHED)

20. Applicant has submitted with this application consent for the Village of North Syracuse to conduct a criminal background check of the Applicant in a form acceptable to the Village.

21. Applicant has submitted with this application consent for the Village of North Syracuse to conduct a criminal background check of any individual employed by the Applicant or entity the Applicant represents in a form acceptable to the Village.
22. Applicant has submitted with this application a valid form photographic identification for the Applicant as well as any employees who will be working for the Applicant or the entity the Applicant represents in the Village.
23. Applicant has submitted with this application valid approvals and certifications from all appropriate health and welfare agencies that allow Applicant to sell food. It is the responsibility of the Applicant to determine what approvals and certifications are required and to obtain the same.

All attachments and documents required to be submitted with application shall be considered incorporated into the application and a part of the application.

Applicant hereby certifies that the information contained in this application is true, accurate and complete.

Date: \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Print Name of Applicant)

For Village use only:

Required Fees:

Application Fee Submitted: \_\_\_\_\_ 3-day license/\$25.00  
\_\_\_\_\_ 1 year license/\$200.00  
\_\_\_\_\_ Replacement license/\$15.00

Individual criminal background check fee submitted:

\_\_\_\_\_ individual criminal background checks requires at \$10.00 each, for a total of \$\_\_\_\_\_

Background Checks

Completed on: \_\_\_\_\_.

Findings:

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

Codes Department Review:

Completed on: \_\_\_\_\_.

Codes Department approves/disapproves of location: \_\_\_\_\_,  
or recommends the following modifications:

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

Codes department otherwise approves of application and finds that all applicable laws, rules and code requirements are satisfied: \_\_\_\_\_.

License Issued / Denied:

License issued/Denied (circle one) on \_\_\_\_\_ by \_\_\_\_\_.

License Number: \_\_\_\_\_.

If licensed denied, Applicant applies to Village Board on \_\_\_\_\_.  
Village Board holds hearing on \_\_\_\_\_ and Issues/denies license.

Village of North Syracuse  
Acknowledgment of Village Law

I, \_\_\_\_\_ have read and understand the rules and regulations set forth in the Code of the Village of North Syracuse, Chapter 169 titled: Peddling and Soliciting, Article III. (Village of North Syracuse Code can be found at [www.northsyracuse.ny.org](http://www.northsyracuse.ny.org) or at [www.ecode360.com/?custId=NO1279](http://www.ecode360.com/?custId=NO1279))

I, \_\_\_\_\_ understand a violation of any of the provisions of the Code of the Village of North Syracuse, Chapter 169 titled: Peddling and Soliciting, Article III shall constitute an offense punishable by fine or imprisonment or both.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Print Name

\_\_\_\_\_  
Date

# HOLD HARMLESS AGREEMENT

## VENDOR

\_\_\_\_\_ (Vendor's name) does hereby covenant and agree to defend, indemnify and hold harmless the \_\_\_\_\_ from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage to the extent permissible by law, arising out of or in the connection with the actual or proposed use of property, facilities and/or services.

\_\_\_\_\_  
Vendor's Signature

\_\_\_\_\_  
Date

**Suggested Insurance Requirements for Specific Vendors of Municipal Events**

**Craft Vendors** - need to have a Hold Harmless Agreement signed. Attached is a sample. Please feel free to have your Municipal Attorney review this prior to use.

**Food or Drink Vendors** - need to provide a certificate of insurance (sample attached) with minimum General Liability limits of \$500,000 each occurrence / \$1,000,000 agg with the Municipality listed as Additional Insured and Workers Compensation for vendors with employees.

**Liquor Vendor** - In addition to the General Liability and Work Comp requirements above, Liquor Liability coverage for \$1,000,000 limit listing the Municipality as an Additional Insured (on the GL and Liquor policies) is also required.




## Municipal - Sample Certificate of Insurance for Food &/or Drink Vendors

Food &/or Drink Vendors need to request a certificate of insurance from their insurance agent with minimum General Liability limits of \$500,000 each occurrence / \$1,000,000 aggregate with the Municipality listed as an Additional Insured. A sample of what is required is below.

Liquor Vendors – in addition to the above requirements Liquor Liability coverage for \$1,000,000 limit listing the Municipality as an Additional Insured is also required.

### The following items must be listed on insurance form ACORD-25:

- A. Vendor's name and address and, if applicable, the legal status, i.e. corporation, limited liability company, partnership, limited partnership or unincorporated association.
- B. Insurance must be Commercial General Liability including Products & Completed Operations (and if applicable, Liquor Liability)
- C. Policy Dates must be current and in effect during the entire course of the event.
- D. General Liability Limits: Each occurrence should be a minimum of \$500,000 and \$1,000,000 aggregate. (Liquor Vendors – in addition must carry \$1,000,000 each occurrence Liquor Liability coverage)
- E. The policy should be endorsed to include the Municipality as an Additional Insured and indicated as such on the certificate.
- F. Certificate holder: Municipality's Name & Address
- G. Vendors are responsible to immediately inform the Municipality of any insurance cancellation or material change in coverage.


**CERTIFICATE OF LIABILITY INSURANCE**
DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Insurance Agency Name Insurance Agency Address City, State Zip Code	<b>CONTACT NAME:</b> (Ind. Ins. Excl.) _____ FAX _____ ADDRESS: _____ PHONE: _____ CUSTOMER ID #: _____
<b>INSURED</b> Food &/or Drink Vendor's Name & Address	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Insurance Company Name INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGE	CERTIFICATE NUMBER:	REVISION NUMBER:	LIMITS
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.	SAMPLE OF MINIMUM LIMIT REQUIREMENTS  COLUMN MUST BE SELECTED FOR ADD'L INSURED STATUS	Date Date	EACH OCCURRENCE \$ 500,000 AGGREGATE \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR			
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			
UMBRELLA LMB <input type="checkbox"/> EXCESS LMB DEDUCTIBLE			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPERTY OWNERS/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in Ill.) If yes, describe under DESCRIPTION OF OPERATIONS below.	IF THERE ARE EMPLOYEES PROOF OF WORK COMP MUST BE PROVIDED ON A C-105.2 WC FORM OR U26.3	WC STATUS: BOTH OR E.L. EACH OCCURRENCE \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 161, Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b> Town / Village Name & Address	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE Agents Name /Signature Here
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The completed certificate can be mailed to the Municipality at:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

or Fax # : \_\_\_\_\_

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name &amp; Address of Insured (Use street address only)</p>   <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured</p>  <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p>  <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p>	<p>3a. Name of Insurance Carrier</p> <p>3b. Policy Number of Entity listed in box "1a"</p> <p>3c. Policy effective period _____ to _____</p> <p>3d. <input type="checkbox"/> The Proprietor, Partners or Executive Officers are included. (Only check box if all partners/officers included)  <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

*The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.*

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by the certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: \_\_\_\_\_  
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: \_\_\_\_\_  
(Signature) (Date)

Title: \_\_\_\_\_

Telephone Number of authorized representative or licensed agent of insurance carrier: \_\_\_\_\_

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

## Workers' Compensation Law

### Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

SAMPLE

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