



Mobile Food Vending Permit

Application Forms and Instructions

You may only apply for this permit if:

- a) You have been notified by the NYC Department of Health that you have been called from a mobile food vending permit waiting list to apply for a permit, *or*
- b) You are applying for a Restricted Area Mobile Food Permit

Before you submit your application

1. Refer to the *Requirements Checklist* in this packet for detailed descriptions of each required item.
2. Check that your mobile food vending license is current. You must have a current license to apply. Renew if your license is expired.
3. Submit the form *Food Vendor Request for Invoice* to OATH. (included in this packet)
 - This form is used to determine if you owe unpaid fines. You will need to pay outstanding fines and obtain an OATH Clearance Letter to be submitted with your application.
4. Obtain a New York State Certificate of Authority to Collect Sales Tax
5. Obtain Workers Compensation and Disability insurance or a waiver (form CE-200)
6. Find a commissary to store and clean your vending unit. A list of commissaries is enclosed. Your commissary agreement form must be provided at your pre-permit inspection. Go to www.nyc.gov/health/mobilefood to get the form.

Step 1: Complete the following (included in this packet)

1. Standard Application for a Permit or License (sign and date)
2. Supplemental Application Form
3. Affirmation of Eligibility for a Mobile Food Vending Permit
4. Authorized Vendor List for Mobile Food Vending Unit Permit Holders
5. Affirmation of Applicant Granting Representative Authority to Act
 - Required only if sending a representative or expeditor to submit application
6. Affirmation of Home Address Form
 - Required only if you do not have proof of address and you live with someone who can verify that you live with them. That person must complete this form and provide proof of their address.

Step 2: Other requirements for submission of Permit Application

See below for payment information and additional required documentation that must be submitted with your application forms. Refer to enclosed *Requirements Checklist* for detailed descriptions of each item.

1. Payment for permit fee
2. Clearance Letter from OATH that you do not owe fines.
3. New York Certificate of Authority to Collect Sales Tax
4. Proof of Workers Compensation and Disability insurance or a waiver document (CD-200)
5. Photo identification with proof of home address
6. Social Security Card or Individual Tax ID Number card
7. Mobile Food Vendor License ID card
8. Business Certificate, or Partnership Certificate, or Certification of Incorporation or corporate filing receipt
9. Proof of Qualification as Disabled and/or a U.S. Veteran (if applicable)

Step 3: Submit documents and forms

1. Call (212) 436-0441 or email LicensingAppointments@dca.nyc.gov to make an appointment at the Department of Consumer and Worker Protection (DCWP) Citywide Licensing Center to submit all required paperwork.
 - You will be able to submit your application in Manhattan or Queens.
2. All documents in Step 1 and Step 2 (if applicable) must be submitted when you go to DCWP for your appointment. Incomplete applications will not be accepted.

Step 4: After you submit your application

1. Two weeks after submitting your application documents, call (212) 676-1600 to schedule a Pre-Permit Inspection of your food vending unit. You must pass this inspection within six months of the date you submitted your permit application.
2. You will be notified what additional documents you need to bring to your inspection.
3. Permit holders must appear in person at the pre-permit inspection; representatives or expeditors may not appear in place of a permit applicant.

Step 5: Access information and operating guidance

1. Go to www.nyc.gov/health/mobilefood to access helpful information and the rules and regulations around mobile food vending, as well as a map tool to see where and when you can vend.



Documentation Checklist for a New Mobile Food Vending Permit

- Review the list of requirements carefully to ensure you bring all the required forms and documentation with you when you submit your application for a new permit.
- All documents must be original. Copies will not be accepted. All completed forms must be signed by the applicant.

WHAT YOU NEED TO DO BEFORE YOU SUBMIT YOUR APPLICATION

Submit the form *OATH Invoice Search Request Response* to the Office of Administrative Trials and Hearings (OATH).

- o **This form is included in this packet.**
- o Email the completed form to vendorinquiry@oath.nyc.gov.
- o You will receive an *Invoice Request Response* form returned to you. If you receive one with a list of outstanding fines that must be paid in full, you must pay and then get an updated *Invoice Request Response* form which shows you have a zero balance.
- o You must submit a zero balance *Invoice Request Response* form with your permit application. This is also known as a Clearance Letter.
- o You can also reach their customer service unit at 1-844-OATH-NYC (1-844-628-4692).
- o It may take up to four (4) weeks to obtain clearance from OATH.

New York State Certificate of Sales Tax Authority or Sales Tax

- o You will need to submit this certificate with your permit application and enter the Certificate ID number on the permit application form.
- o If you don't have one, you can obtain a new Sales Tax Certificate at www.businessexpress.ny.gov or request a replacement card by calling (518) 485-2889.
- o The certificate must have been issued within the past 90 days

Obtain Workers' Compensation and Disability Insurance Coverage or Exemption Registration

- o Submit both proofs of insurance coverage effective when the business begins operation, including insurer's name, policy number, and expiration date.
- o List the NYC Department of Health & Mental Hygiene as the certificate holder (not the policy holder).
- o If such coverage is NOT required, submit a Certificate of Attestation of Exemption (Form CE-200) registered with the NYS Workers' Compensation Board showing the applicant's registration number and the date registered. Obtain more information and this form online at: www.businessexpress.ny.gov.
- o You will need to provide the proof of insurance or current exemption document and list them on the new permit application form and your renewal forms.



Documentation Checklist for a New Mobile Food Vending Permit

WHAT YOU NEED TO SUBMIT AT THE LICENSING CENTER

Completed and signed ***Standard Application for a Permit*** and the ***Supplemental Application Form***

- o These forms are included in this packet

Clearance Letter/Invoice Request Response from OATH with zero balance owed

NYS Certificate of Authority to Collect Sales Tax

Proof Workers Compensation and Disability Insurance or the CE-200 Waiver

Affirmation of Eligibility for a Mobile Food Vending Permit form

- o This form is included in this packet

Authorized Vendor List for Mobile Food Vending Unit Permit Holders form, which lists the Name and address of people who will operate your cart/truck

- o This form is included in this packet
- o List only your name if no one else will operate your vending unit
- o You must list each person who will operate your vending unit on this form with his/her mobile food vendor license number, full name, address and relationship to you (e.g. employee)

Affirmation of Applicant Granting Representative Authority to Act

- o This form is included in this packet
- o Required only if sending a representative or expeditor to submit application

Proof of address – Bring one of these acceptable documents:

- o Valid driver's license or non-driver's photo identification
- o Utility, cable TV or phone bill, bank or credit card statement dated within the last 90 days
- o Mail from the federal, state, or city government dated within the last 90 days
- o Current lease or mortgage statement
- o *Affidavit of Home Address* form, completed by a person with whom the applicant lives
This form is included in this packet

Photo Identification – Bring one of these acceptable documents:

- o U.S. driver's license or non-driver's ID
- o Current U.S. or foreign passport
- o Alien Registration Card or Naturalization Certificate
- o IDNYC New York City Municipal ID card (nyc.gov/idnyc)



Documentation Checklist for a New Mobile Food Vending Permit

Social Security Card or Individual Tax Identification Number Card (or letter)

- o You may obtain a replacement card at your local Social Security office. Call 1-800-772-1213 for more information.

Current Mobile Food Vendor License

- o U.S. Veterans with disabilities applying for a DOHMH mobile food vending permit with a *Specialized Disabled Veterans General Vendors License* issued by the NYC Department of Consumer and Worker Protection must provide both their *Specialized Disabled Veterans General Vendors License* and their current general mobile food vendor license

Business Certificate (for a business owned by individual with a “doing business as” or “trade” name), **or Partnership Certificate** (for partnerships or LLP’s), **or Certificate of Incorporation or corporate filing receipt** (for corporations or LLC’s)

A form of payment for the permit fee

- o You will be charged a 2.49% service fee if you pay with a debit or credit card.
- o Check or money order made out to “NYC DOHMH”

Type of Permit	Fee Processing Unit (Class A & B)	Fee Non-Processing Unit (Class C, D & E)
Temporary (Seasonal)	\$35.00	\$15.00
Full-term (2-year)	\$200.00	\$75.00
Green Cart (fresh fruits and vegetables)	N/A	\$75.00
Any mobile food vending permit for U. S. Veteran or surviving spouse	No fee	No fee

Permit Classifications

There are five permit classifications for vending units. The classifications are based on how food is prepared and served. Class A and B are processing units where foods are cooked, sliced, or mixed. Class C, D and E are non-processing units. Pushcarts cannot be larger than five feet wide and ten feet long.

Frozen Desserts Manufacturing – Application for a Permit (if applicable)

- o If your mobile food vending unit will be serving frozen desserts, you must obtain a separate permit. Visit www.nyc.gov/healthpermits for more information.



Documentation Checklist for a New Mobile Food Vending Permit

Proof of Qualification as Disabled and/or a U.S. Veteran (if applicable)

- o If you are applying for a permit after being contacted from a waiting list reserved for people with disabilities and/or a U.S. Veterans, you will have to provide proof of your qualification, as described in the detailed instructions in this package.
- o If this permit is going to be under a partnership, corporate, or LLC name, then the partner, officer or member called from the waiting list and presenting this proof must be a major partner or shareholder of the organization and must provide a letter stating this.

Restricted Area Permit Applicants *only*

- o An approved and signed contract, lease or letter of authorization for vending food on Department of Parks and Recreation property or on private property in a commercially-zoned area
- o The contract, lease or letter of authorization must specify:
 - the restricted location
 - the number of mobile food units allowed to operate there
 - the type of food to be sold by this unit
 - the operating terms of agreement (start and end dates) and
 - the floors of operation (for indoor operation use only) or proof the property is zoned for commercial use (for outdoor operation on private property only). Examples of such zoning proof include the certificate of occupancy for this property or other official document from the NYC Department of Buildings. A copy of the NYS Land Use and Zoning Map showing the desired location is clearly in an area marked for commercial use is also acceptable.



How to Complete the Standard Permit Application and Supplemental Application Forms

Complete all sections of the application. Please use ink and print in capital letters.

Section	Instructions
License or Permit Name	Enter the name of the permit or license you want to obtain. (see reverse side for list of all permit types)
Section A	- Enter the individual owner's name, or all partners' names or corporation name in the box labeled "Name of Corporation, partnership or individual owner" (the permit will be issued to the corporation, partnership or person named here) - Enter the name of the establishment in the space labeled "Trade Name/DBA" - Provide the address where the establishment will be located. Please include in the space labeled "Premises Location" the floor, booth number, or store number where the establishment is to be located. - Enter the establishment's telephone and the email address (required). All correspondence sent by email will be sent to this address. - Provide your date of birth, if applying as an individual
Section B	Enter the date you expect to start operating
Section C	Enter your New York State Tax Authority ID #. Not-for-Profit applicants should enter their Federal EIN . If applying as an individual, also enter your SSN. If you do not have a Social Security number, you may use an Individual Tax Identification Number (ITIN)
Section D	Enter the mailing address if it is different from where the establishment is going to be located. All correspondence sent by mail will be sent to this address
Section E	Enter the name, home address, zip code, phone number, email address (required) and title of the owner/all partners in the business/all principal officers in the corporation
Section F	Enter Workers' Compensation and Disability Insurance information and provide copies of proof of current insurance or form CE-200 stamped by the Worker's Compensation Board
Signature	- Sign the application. (the person who signs the Application must be named in Section E) - Enter the title and telephone number of the person who signed the Application for Permit - Indicate whether the applicant is 18 years or age or older. (Applicants must 18 or older)
Supplemental Application Form (if included in packet)	If the permit you are applying for requires additional information, there will be a Supplemental Application form following the Standard Application form in this packet. That form must be completed and submitted along with your Standard Application form and other documentation.

Fulfilling requirements of other New York City agencies

Applying for a New York City Department of Health and Mental Hygiene permit does not satisfy the regulatory requirements of other city and state agencies. It is your responsibility to apply for all other permits, licenses, and authorizations as required by other city and state agencies. The issuance of a New York City Department of Health and Mental Hygiene permit does not grant permission to use or occupy the permitted premises. Pursuant to New York City Charter Section 645, no premises may be used or occupied until a certificate of occupancy has been issued by the New York City Commissioner of Buildings.

NYC Health Department List of Permit and License Types

Animal Related

- Animal Boarding Facility
- Animal Grooming Facility
- Animal Shelter
- Animal Training Facility
- Horse Stable
- Horse (Working) License
- Pet Shop – sells dogs or cats
- Pet Shop – does not sell dogs or cats

Food Related

- Food Service Establishment (Restaurant)
- Manufacturer of Frozen Desserts
- Non-Retail Food Establishment
- Temporary Food Service Establishment
- Mobile Food Vendor Permit - Restricted Area
- Mobile Food Vendor License

Note: Applications for the following are not accepted unless the NYC Department of Health has notified you that that your name has been pulled from a waiting list and you are authorized to apply for one of these permits:

- o Mobile Food Vendor Permit - Full Term, Citywide
- o Mobile Food Vendor Permit - Full Term, any Borough Outside of Manhattan
- o Mobile Food Vendor Permit - Green Cart Bronx
- o Mobile Food Vendor Permit - Green Cart Brooklyn
- o Mobile Food Vendor Permit - Green Cart Manhattan
- o Mobile Food Vendor Permit - Green Cart Queens
- o Mobile Food Vendor Permit - Green Cart Staten Island
- o Mobile Food Vendor Permit – Temporary (Seasonal)

Water Related

- Adding Chemicals to Water Supply
- Building Water Tank Cleaning, Painting and Coating
- Bathing Establishment with Pool
- Bathing Establishment without Pool (Sauna, Steam Room or Spray Ground)
- Private Community Sewage Disposal System
- Private Beach
- Sauna/Spray Ground
- Water Potability Certificate
- Well Water Potable and Nonpotable

Other

- Barber Shop
- Radiological Equipment (X-Rays)
- Tanning Establishment
- Tattoo Artist License
- Therapeutic Radiation Units (LINAC)

STANDARD APPLICATION FOR NEW LICENSE OR PERMIT



APPLICATION DATE		
MONTH	DAY	YEAR

FOR OFFICE USE											
CAMIS/RECORD NUMBER						LICENSE/PERMIT					
						TYPE			FEE CLASS/ SUBCLASS		
						H					
EXPIRATION DATE						FEE AMOUNT	DOLLARS			CENTS	
MO	DAY		YEAR								
						➔					

NAME OF LICENSE/PERMIT

(For detailed instructions and information about what is required to apply for this permit, please go to www.nyc.gov/healthpermits)

IMPORTANT: Please type or print legibly in ink using capital letters. Allow spaces between completed words or numbers. Standard abbreviations are permitted. All sections must be completed in ink.

SECTION A – NAME, ADDRESS AND CONTACT INFORMATION OF ENTITY TO WHICH LICENSE/PERMIT IS TO BE ISSUED

READ CAREFULLY: Enter the corporate name and location of business establishment. If not incorporated, enter your name(s) and location of business establishment.

NAME OF CORPORATION, PARTNERSHIP, PARTNERS OR INDIVIDUAL OWNER (Last Name First)				TELEPHONE NUMBER			
				(AREA CODE)			
TRADE NAME/Doing Business As (DBA)				FAX NUMBER			
				(AREA CODE)			
BUILDING NUMBER		STREET		PREMISES LOCATION (FLOOR, STORE #, BOOTH #)			
CITY OR TOWN			STATE		ZIP CODE		E-MAIL ADDRESS
DATE OF BIRTH (If applying as an individual)		MONTH	DAY	YEAR		OPTIONAL	
						GENDER: ☐ Male ☐ Female	

Language Preference for Inspections: If the permit you are applying for requires an inspection by the Department of Health and Mental Hygiene, do you prefer that this inspection be conducted in, or translated to, a language other than English? ___ No ___ Yes
If "yes" that language is _____.

- ☐ I agree to receive all official notices from the Department of Health only by **email** at the **email** address provided in this application form. An official notice is any correspondence from the Department of Health that requires a response by a date certain. These include, but are not limited to, permit or license renewal notices; notices of fines or fees owed; collection letters and Dunning Notices, and Notices of Violations.
- ☐ I would like to receive Department of Health publications, including information about new regulations, newsletters, fact sheets and other educational material, only by **email** at the **email** address provided in this application form.

SECTION B – DATE EXPECTED TO OPEN/START OPERATING

MONTH	DAY	YEAR

SECTION C – NYS SALES TAX ID#

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SOCIAL SECURITY NUMBER (If applying as an individual)

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ITIN NUMBER (If no SSN and applying as an individual)

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SECTION D – MAILING ADDRESS, IF DIFFERENT FROM PERMITTED/LICENSED ESTABLISHMENT'S ADDRESS (INCLUDE APARTMENT #, PO BOX #)

STREET ADDRESS											
CITY OR TOWN								STATE		ZIP CODE	

CITYWIDE LICENSING CENTER – DEPARTMENT OF HEALTH AND MENTAL HYGIENE – 42 BROADWAY, NEW YORK, NY 10004

SECTION E – LIST NAMES (LAST, FIRST) OF OWNER – PARTNER – CORPORATE OFFICERS

1	NAME		PHONE NUMBER	E-MAIL ADDRESS	TITLE
	ADDRESS	STREET	CITY	STATE	ZIP CODE
2	NAME		PHONE NUMBER	E-MAIL ADDRESS	TITLE
	ADDRESS	STREET	CITY	STATE	ZIP CODE
3	NAME		PHONE NUMBER	E-MAIL ADDRESS	TITLE
	ADDRESS	STREET	CITY	STATE	ZIP CODE
4	NAME		PHONE NUMBER	E-MAIL ADDRESS	TITLE
	ADDRESS	STREET	CITY	STATE	ZIP CODE

SECTION F - Permit applicants only

ALL PERMIT APPLICANTS MUST COMPLETE THIS SECTION AND PROVIDE COPIES OF PROOF OF CURRENT INSURANCE.

Please check the appropriate box:

☐ The business described in this application has Workers' Compensation and Disability Benefits Insurance as identified below:

Workers' Compensation Insurance Carrier: _____ Policy #: _____ Expiration Date: _____

Disability Benefits Insurance Carrier: _____ Policy #: _____ Expiration Date: _____

OR

☐ Form CE-200 was submitted to the Worker's Compensation Board stating such coverage is not required for this business and a copy with the New York State-assigned Exemption Certificate Number is attached.

Certificate Number: _____ Issuance Date: _____

Form CE-200 attesting to an exemption of this requirement can be found at <http://www.wcb.ny.gov>

Please review Form CE-200 to see if your business qualifies for this exemption and is not required to obtain Workers' Compensation and Disability Benefits Insurance.

By signing this application for a permit, I agree that I will comply with provisions of the Health Code and other laws that apply to the permitted activity, and that all the statements made in this application are true and complete. Making a false statement is an offense punishable by fines, imprisonment or both. (NYC Administrative Code § 10-154.)	TITLE	ARE YOU 18 YEARS OF AGE OR OVER? ☐ YES ☐ NO
	SIGNATURE OF BUSINESS OWNER, PARTNER, OR CORPORATE OFFICER	

ARE YOU REGISTERED TO VOTE?

If not, you may request a Voter Registration form when you submit your application, or you can access www.nycclf.info/nyc-votes online.

CITYWIDE LICENSING CENTER – DEPARTMENT OF HEALTH AND MENTAL HYGIENE – 42 BROADWAY, NEW YORK, NY 10004



SUPPLEMENTAL APPLICATION FORM

for Mobile Food Vendor Permit

(Please print)

First Name: _____

Last Name: _____

Mobile Food Vendor 8-digit License Number: _ _ _ _ _

1. Will You be serving Frozen Desserts from your mobile vending unit?

Yes (go to Q #2)

No

2. Do you have an existing permit for a *Manufacturer of Frozen Desserts*?

Yes

No

- If Yes, enter your 8-digit Permit/Record ID Number: _ _ _ _ _
- If No, you must submit a separate permit application to serve frozen desserts from your mobile vending unit. Go to www.nyc.gov/healthpermits for information.



OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS
Hearings Division

66 John Street
10th Floor
New York, NY 10038
1-844-OATH-NYC

Food Vendor Request For Invoice Form

Date: _____

Requestor Information:

Name: _____

Mailing address: _____

Telephone Number: _____

You must come to OATH in person with identification to pick up your invoice at 66 John St., 10th Fl.

An Invoice will be issued to you to notify you of any outstanding fines to be paid.

To process your request for an Invoice you must provide the following information:

Previous addresses during the past 10 years:

Address	Dates living at address (Month & Year)
_____	From _____ To _____
_____	From _____ To _____
_____	From _____ To _____

Social Security number: _____ Date of Birth: _____ Place of Birth: _____

Is this the first time you are applying for a Mobile Food Vendor's License? ☐ Yes ☐ No

You **must** provide a valid picture ID and a copy of the front and back of your Social Security card.

If you are seeking to **renew** your:

A. ☐ **Food Vendor's License** with the Department of Consumer Affairs, please provide a copy of the front and back of your current Food Vendor License **and** the following information:

Current License number: _____ **Current Permit number:** _____

B. ☐ **Cart Permit** with Department of Consumer Affairs, please provide a valid picture ID, a copy of the front and back of your Social Security card, a copy of your current permit **and** your

Current Decal number: _____



AFFIRMATION OF ELIGIBILITY FOR A MOBILE FOOD VENDING PERMIT

INSTRUCTIONS

Applicants for a permit authorizing mobile food vending on public property are required to provide the information requested on this form. Failure to provide all required information may result in the denial of your application.

There are four sections, complete all that apply to you.

PART ONE: FOR INDIVIDUAL APPLICANTS

Name: _____
Home Address: _____
Telephone Number: _____
Email Address: _____

Do you have any unemancipated children who hold mobile food vending permit to vend in a public place (check one)? An “unemancipated child” is any son, daughter, stepson or stepdaughter who is under the age of eighteen, unmarried and living in the same household as the applicant.

☐ No.

☐ Yes. If yes, please provide the following information:

Name of Child	Social Security Number, Tax and Employer Identification Number	Type of Permit Held by Child

(continued on back)

PART TWO: FOR PARTNERSHIP, LIMITED LIABILITY COMPANY OR OTHER ASSOCIATION APPLICANTS

Is the applicant a partnership, limited liability company or other association (check one)?

☐ Partnership ☐ Limited Liability Company ☐ Other Association

List names and addresses of all partners, members, officers, or managers of the entity.

Name	Address

PART THREE: FOR CORPORATION APPLICANTS

List the names and addresses of all officers, directors and shareholders of the corporation.

Name	Address

PART FOUR: FOR ALL APPLICANTS

By signing below, I affirm that the information on this form is true and accurate to the best of my knowledge and understand that making a false or misleading statement on my mobile food vending permit application package, including on this form, is unlawful under section 17-317 of the New York City Administrative Code and section 3.19(a) of the New York City Health Code, which may result in the suspension or revocation of my permit and/or subject me to civil and/or criminal liability.

Signature of Applicant

Date

Name: _____

Address: _____

Telephone number: _____

Email address: _____

Mobile Food Vending Unit (MFVU) Permit Holders are required to submit to the Department of Health and Mental Hygiene “the Department), a list of all individuals authorized to vend from their mobile food vending unit. The list must include the name(s), address(es), telephone number(s) and the currently valid food vendor license number of each person.

Additionally, a statement describing the legal relationship of each person to the permit holder, must be included. Submission is required as part of the initial, and any renewal permit application process. The Department must also be notified of any changes to the list, within 10 days of any such change.

Contact the Mobile Food Vending Inspection Program at (646) 632-6203 for questions about this requirement.

I, _____, holder of Mobile Food Vending Unit permit number _____, authorize the individual(s) listed to vend from my unit.

Authorized Vendor's Name	Address	License #	Telephone/Email	Legal Relationship
JOE SAMPLE	123 Somewhere Avenue new York, NY 12345-1234	12345678	123-456-7890 jsample@somewhere.com	Full-time Employee

As the Mobile Food Vending Permit Holder, I affirm that the individuals I have listed herein are the only ones authorized to vend from my vending unit.

False statements made herein are punishable as a Class A Misdemeanor pursuant to section 210.45 of the Penal Law. In addition, submission of any false statements may be subject to penalties prescribed for violations of Health Code §3.19 and other applicable law.



Affirmation of Applicant Granting Representative Authority to Act

Complete this form if you are sending a representative on your behalf to apply for this permit or license.

Information About Applicant

License/Permit Applicant Name: _____

Business Name: _____

Business Address: _____

Business Telephone Number: _____

Business Email Address: _____

Relationship of Applicant to Business: _____

Type of License/Permit Sought by Applicant (check one):

- | | |
|--|--|
| ☐ Food Service Establishment Permit | ☐ Small Animal Boarding Establishments Permit |
| ☐ Mobile Food Vendor License | ☐ Small Animals Grooming Establishment Permit |
| ☐ Mobile Food Vending Permit | ☐ Small Animal Training Establishments Permit |
| ☐ Pet Shop Permit | ☐ Bathing Establishment (With Pool) Permit |
| ☐ Shelter for Homeless Animals Permit | ☐ Bathing Establishment (Without Pool) Permit |
| ☐ Other (specify): _____ | |

Information About Authorized Representative

Representative Name: _____

Representative Business Name: _____

Representative Business Address: _____

Representative Telephone Number: _____

Representative Email Address: _____

Authorization and Acknowledgment of Applicant

By signing below, I, the applicant for a license or permit, affirm the following:

1. I represent that the information contained in this affirmation is true and accurate to the best of my knowledge.
2. I authorize the representative identified above to represent me before the license, permit or certificate issuing agency regarding the preparation and submission of my application for the license or permit.
3. I understand that I am legally bound by the representations made in my applications and will be held responsible by the license, permit, or certificate issuing agency for any inaccuracies or misrepresentations.
4. I understand that I may revoke or withdraw this authority to act on my behalf by either informing the Citywide Licensing Center in person or in writing of such termination of authority before the submission of my license or permit application.

Signature of Applicant

Date



Affirmation of Home Address

- Applicants for a mobile food vendor license or a mobile food vending permit are required to provide proof of their home address as part of their application.
- Use this form if you do not have another acceptable proof of home address
- A person the applicant lives with must complete this form and provide acceptable proof. Both the applicant and the person living with them must sign this form.

1. Information About Permit Applicant

Name: _____
Home Address: _____
Telephone Number: _____
Email Address: _____

2. Information About Person with Whom the Applicant Lives

Name: _____
Home Address: _____
Telephone Number: _____
Email Address: _____
Relationship to Applicant: _____

3. Type of Proof of Address Being Submitted with this Form by the person in #2 above (Required)

Check at least one:

£ Residential Lease	£ Utility bill	£ Driver's License	£ Other (specify): _____
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Note: Name on documentation being submitted must match the name stated in #2 above.

To Be Completed and Signed by Permit Applicant

By signing below, I affirm that the information on this form is true and accurate to the best of my knowledge and understand that making a false or misleading statement on my application package, including on this form, is unlawful under section 17-317 of the New York City Administrative Code and section 3.19(a) of the New York City Health Code, which may result in the suspension or revocation of my license or permit and/or subject me to civil or criminal liability.

Signature of Applicant

Date

To be Completed and Signed by Person with Whom Applicant Lives

By signing below, I affirm that the applicant currently resides with me at the above address. I also affirm that the information on this form is true and accurate to the best of my knowledge and that the documentation being submitted as proof of address are true copies of such documents. Finally, I also understand that making a false or misleading statement on this form is unlawful under section 3.19(a) of the New York City Health Code which may subject me to civil or criminal liability.

Signature of Person Living with Applicant

Date

Permitted Mobile Food Vending Commissaries in New York City

You must store your food vending unit at a commissary or depot. Green Carts and units that sell only pre-packaged foods may use an alternative facility approved by the NYC Health Department.

You must clean and service your food vending unit at least once every day. This must be done at the commissary or for Green Carts or units that sell only pre-packaged foods, at another place approved by the NYC Health Department.

You must prepare your food at a commissary using the commissary's food preparation facilities. At your pre-permit inspection you must submit an agreement with a commissary or your request for an alternate approved facility. Visit nyc.gov/health/mobilefood for the forms.

Below is a list of 92 active commissaries as of 8/25/2022. Contact the Mobile Food Vending Inspection Program at 646-632-3203 or email infoBFSCS@health.nyc.gov if you want a free copy of the commissary's most recent inspection report. This list is updated regularly. For the most current list, go online to nyc.gov/health/mobilefood.

Record Number	Commissary Name	Address	Borough	State	Zip Code	Telephone
41676875	141 COMMISSARY, INC	210 EAST 144 STREET	Bronx	NY	10451	718-993-0988
50008726	1975 DOMINICAN ICE, CORP	1975 JEROME AVE	Bronx	NY	10453	718-716-6020
50106234	BUCKNER HALAL FOOD LLC	358 CONCORD AVE	Bronx	NY	10454	347-755-1008
40343515	SOUTHERN BLVD DEPOT INC	748 SOUTHERN BOULEVARD	Bronx	NY	10455	718-328-9500
40343199	DELICIOSO COCO HELADO INC.	849 ST ANNS AVENUE	Bronx	NY	10456	718-292-1930
41539956	ALEXANDRIA FOOD INC	1202 BROOK AVENUE	Bronx	NY	10456	646-403-7001
50075327	A & K TRADING INC.	1809 CARTER AVE	Bronx	NY	10457	917-500-1046
40795377	WILDLIFE CONSERVATION SOCIETY	2300 SOUTHERN BOULEVARD	Bronx	NY	10460	718-741-8173
40795381	WILDLIFE CONSERVATION SOCIETY	2300 SOUTHERN BOULEVARD	Bronx	NY	10460	718-741-8295
40343376	WILDLIFE CONSERVATION SOCIETY	2300 SOUTHERN BLVD	Bronx	NY	10460	718-741-8173
41367274	MANESSIS, KONSTANTINOS	1422 ZEREGA AVENUE	Bronx	NY	10462	646-261-3503
50114306	CARIBBEAN ICE, INC.	2934 JEROME AVE	Bronx	NY	10468	646-953-5630
50104009	NY SOFTEE DEPOT, INC	811 WHITTIER ST	Bronx	NY	10474	718-328-5050
50111843	THE BEST INDEPENDENT ICE CREAM CORP	527 BARRETTO ST	Bronx	NY	10474	954-937-1400
50042753	AJM BUSINESS SERVICE INC	1191 SPOFFORD AVE	Bronx	NY	10474	917-821-1369
50105332	FORT GREENE COMMISSARY INC	11 CLINTON AVE 15	Brooklyn	NY	11205	646-258-8492
41350207	SMOOTHIE ICE CREAM DEPOT	328 TEN EYCK ST	Brooklyn	NY	11206	718-326-3472
50119036	BLANK STREET INC	993 GRAND ST	Brooklyn	NY	11211	917-510-3862
50087428	GOOD JOBS INC	303 DEAN ST	Brooklyn	NY	11217	718-833-7400
40343577	NICK, MIKE & EMANUEL PAPAMANOLIS	124 DOUGLASS STREET	Brooklyn	NY	11217	347-720-0917

Record Number	Commissary Name	Address	Borough	State	Zip Code	Telephone
41410329	AYO WHOLESALE CORP	291 BUTLER STREET	Brooklyn	NY	11217	917-574-2347
41479465	FRANGOS, EMMANUEL	194 HOYT ST	Brooklyn	NY	11217	917-742-5270
41577691	BELGO WAFFLE INC.	264 BUTLER STREET	Brooklyn	NY	11217	929-318-5877
40866700	WILDLIFE CONSERVATION SOCIETY	2 WEST 8 STREET	Brooklyn	NY	11224	718-265-4415
50048261	RED HOOK BEVERAGES CORP	66 SEABRING ST	Brooklyn	NY	11231	917-500-0291
50117236	HOME GROWN NYC LLC	424 HOYT ST	Brooklyn	NY	11231	646-258-2478
41669360	BROOKLYN BRIDGE PUSHCART INC	66 DEGRAW STREET	Brooklyn	NY	11231	347-500-6789
50045024	155 NJ INC	155 25TH ST	Brooklyn	NY	11232	718-755-5563
41661894	39TH STREET DEPOT, LLC	648 39TH ST	Brooklyn	NY	11232	646-739-2194
41428376	M & H WHOLESALE INC.	8813 DITMAS AVENUE	Brooklyn	NY	11236	917-560-8932
50046972	GUISHAN, INC.	10701 AVENUE D	Brooklyn	NY	11236	718-257-4440
41626571	COMMISSARY DIRECT INC.	178 VARICK AVENUE	Brooklyn	NY	11237	718-628-4000
41668882	AL-AMIN FOOD INC.	27 EAST 4 STREET	Manhattan	NY	10003	646-500-3121
40881320	SEVEN ISLAND CORP	46 TRINITY PLACE	Manhattan	NY	10006	917-440-1442
50117613	M&Z FOOS COMMASSARY INC	327 W 36TH ST	Manhattan	NY	10018	201-993-9288
41590667	AE & E TRADING CORP	354 WEST 37 STREET	Manhattan	NY	10018	212-216-9002
41604291	HEGAZY FOOD VENDOR INC.	356 WEST 37 STREET	Manhattan	NY	10018	212-564-3830
50040507	NEW YORK ONE LLC	349 W 37TH ST	Manhattan	NY	10018	212-736-8700
41087520	CITY LIMITS VENDING, INC.	612 W 52ND ST	Manhattan	NY	10019	212-956-0871
40799759	UNITED SNACKS INC	610612 WEST 46 STREET	Manhattan	NY	10036	917-930-3474
50109250	EVER FRIENDS LLC	517 W 47TH ST	Manhattan	NY	10036	646-361-5922
50105469	GROUP FOOD VENDORS LLC	410 W 48TH ST	Manhattan	NY	10036	862-264-3197
50047655	N AND M FOOD WHOLESALE SUPPLY, INC	604 W 47TH ST	Manhattan	NY	10036	347-579-5482
50125250	S 3A FOOD SUPPLIER INC	55 ANN ST	Manhattan	NY	10038	347-755-1008
50115473	35 MADISON ST GARAGE INC	35 MADISON ST	Manhattan	NY	10038	646-500-6789
41389760	WILDLIFE CONSERVATION SOCIETY	830 5 AVENUE	Manhattan	NY	10065	212-288-6020
50080971	A&M SUPPLIES PUSHCART INC	3002 BORDEN AVE	Queens	NY	11101	917-776-0545
50080924	CITY VENDOR WHOLESALE LLC	4212 13TH ST	Queens	NY	11101	917-497-2200
50037906	D & H BAGLE CORP	2525 BORDEN AVE	Queens	NY	11101	646-294-1282
41014121	PUSHCART VERNON, INC.	4528 VERNON BOULEVARD	Queens	NY	11101	347-283-6320
50101201	NY POPCORN WORLD INC	502 54TH AVE	Queens	NY	11101	929-267-6606
50079084	M&J COMMISSARY INC	4738 34TH ST	Queens	NY	11101	917-856-5031
41685371	39 STREET WHOLESALE DEPOT INC.	3809 43 AVENUE	Queens	NY	11101	646-575-8461
50110967	NY BAGELS FOR ALL INC	4711 VAN DAM ST	Queens	NY	11101	917-741-2578
50125315	39 STREET WHOLESALE DEPOT INC.	4731 35TH ST	Queens	NY	11101	6465758461
50101025	QUEENS BRIDGE INC	4215 11TH ST	Queens	NY	11101	917-238-9685
50097802	PP VENDOR & SUPPLIES INC	3728 27TH ST	Queens	NY	11101	347-987-7351

Record Number	Commissary Name	Address	Borough	State	Zip Code	Telephone
50067752	BEST OF THE BEST GARAGE INC	3735 VERNON BLVD	Queens	NY	11101	347-885-8713
50061365	STEPHEN ASARO	1015 44TH RD	Queens	NY	11101	310-292-8893
50003275	AGALLA COMMISSARY GROUP LLC	4739 35TH ST	Queens	NY	11101	301-346-5511
50114403	NYC PUSH CART INC	1016 44TH DR	Queens	NY	11101	917-687-5144
50075508	NEW YORK HALAL FOOD INC	3724 22ND ST	Queens	NY	11101	917-971-8717
41636470	QUEENS COMMISSARY PLUS INC	3840 10TH ST	Queens	NY	11101	917-412-4145
50003858	UNITED WHOLESALE AND TRADING INC	3940 22ND ST	Queens	NY	11101	917-821-5617
50114478	Unlimited Nuts Inc	1433 29TH AVE	Queens	NY	11102	917-560-2755
50080057	ASTORIA DEPOT INC	851 ASTORIA BLVD	Queens	NY	11102	347-776-3931
50112251	FRANKYS SOUVLAKI LLC	2413 44TH ST	Queens	NY	11103	646-879-2162
41574936	A 1 SOUVLAKI CORP	2443 45 STREET	Queens	NY	11103	718-440-7515
50104226	Y2J NYC CORP	3512 19TH AVE STORE	Queens	NY	11105	347-239-5648
50118959	EMPIRE CITY VENDING LLC	1839 STEINWAY ST	Queens	NY	11105	201-406-4931
50109007	KING SOUVLAKI OF ASTORIA INC	1864 42ND ST	Queens	NY	11105	347-605-5964
50117853	UNITED SNANCKS INC.	3401 30TH ST	Queens	NY	11106	917-699-5241
50005226	ABC FOOD VENDOR CORP	3617 34TH ST	Queens	NY	11106	917-892-4905
41567353	ALTAWHID FOOD SUPPLY INC.	1002 34 AVENUE	Queens	NY	11106	347-527-1505
50108632	T&S HALAL FOOD INC	3448 12TH ST	Queens	NY	11106	347-761-9669
50080066	ASTORIA DEPOT INC	3437 11TH ST	Queens	NY	11106	347-776-3931
50080060	ASTORIA DEPOT INC	1116 34TH AVE	Queens	NY	11106	347-776-3931
50102806	A.Z.R ENTERPRISE INC	1515A 129TH ST	Queens	NY	11356	917-805-7182
50097244	FOUR SISTERS NY INC	3720 55TH ST	Queens	NY	11377	646-329-4431
41722744	SUNRISE DELIGHT LLC	3221 58 STREET	Queens	NY	11377	646-981-7400
50058949	FNK CATERING CORP	5319 WOODSIDE AVE	Queens	NY	11377	929-600-1111
50007600	KOOL-SEAL WHOLESALE ICE CREAM CORP	5819 MASPETH AVE	Queens	NY	11378	718-894-8036
41038499	MARY'S SNACKS, INC	5897 54 STREET	Queens	NY	11378	646-261-3937
40606467	QUEENS BEST ICE CREAM & MIX INC	11716 122 PLACE	Queens	NY	11420	718-641-0700
50124710	HM HALAL DEPOT INC	9213 183RD ST	Queens	NY	11423	516-815-2159
40343197	RO FI CORP.	21504 HEMPSTEAD AVENUE	Queens	NY	11429	718-465-0900
50123339	L&S ICE CREAM INC	9806 218TH ST	Queens	NY	11429	718-717-6870
50045382	RANA HALAL FOODS INC.	9424 MERRICK BLVD	Queens	NY	11433	718-570-1213
41561111	GRAN WATAN INC	13915 95 AVENUE	Queens	NY	11435	917-348-0256
50109162	JAMROCK JERK LLC	13920 109TH AVE	Queens	NY	11435	718-400-6139
50043276	HALAL FOOD DEPOT, LLC	2589 RICHMOND TER 36	Staten Island	NY	10303	718-873-7120
50035841	CHELSEA ICE CREAM INC.	335 CHELSEA RD	Staten Island	NY	10314	646-261-4024



Application to Service Mobile Food Vending Unit at an Alternative Facility

Complete this form if you are requesting approval for your Class D or Class E Mobile Food Vending Unit to be serviced (cleaned and stored) at a facility that is not a Mobile Food Vending Commissary permitted by the NYC Health Department.

See additional instructions and important information on the other side of this form.

MOBILE FOOD VENDING UNIT INFORMATION

Permittee Name: _____ DBA: _____
Record Number: _____ Unit Type: _____
Decal #: _____ (Pushcart, Trailer or Vehicle)
Telephone #: _____ Email Address: _____
Mailing Address: _____
(Building Number, Street Name, City, State, Zip Code)

FACILITY/PROPERTY INFORMATION

Description: _____
Street #: _____ Street Name: _____
Borough/City: _____ State: _____ Zip Code: _____
Telephone #: _____ Email Address: _____

SIGNATURES

As the owner/operator/managing agent/ lessee of the facility/property, I affirm that I have agreed to allow the Permittee named herein to use the facility for the sole purposes of cleaning their vending unit and storing the unit when it is not in use/in operation. I also certify that the facility complies with all conditions set forth in §6-08 of Chapter 6 of Title 24 of the Rules of the City of New York and listed on the other side of this document.

(Name of property owner/managing agent/lessee)

(Signature)

(Date)

As the operator of the mobile food vending unit, I affirm that the unit will be brought to this location every 24 hours to be cleaned and that the unit will be stored at the same location when it is not in use/operation.

(Name of Mobile Food Vending Unit permittee)

(Signature)

(Date)

False statements made herein are punishable as a Class A Misdemeanor pursuant to section 210.45 of the Penal Law. In addition, submission of any false statements may be subject to penalties prescribed for violations of Health Code §3.19 and other applicable law.

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE USE ONLY

☐

Approved

☐

Not Approved

(Reviewed By)

(Date)

INSTRUCTIONS AND ADDITIONAL INFORMATION

Application must be completed by the mobile food vending unit permittee, and must be presented to the Department of Health at the time of any pre-permit inspection of the vending unit. The permittee's name and record number must be entered as they appear on the Mobile Food Vending permit.

A copy of the signed/approved application must also be available to inspectors upon request at the time of any operational inspection.

Ways to submit revised/amended application form:

Email: MFVInspections@health.nyc.gov

Fax: (347) 396-8046

Mailing Address:

NYC Department of Health and Mental Hygiene
Mobile Food Vending Inspection Program
125 Worth Street, 9th Floor, CN-59A
New York, NY 10013

Office Hours:

Monday to Thursday: 9:00 a.m. to 4:00 p.m.
Friday: 9:00 a.m. to 2:00 p.m.

Title 24 of The Rules of The City of New York

§6-05 Supply and Equipment Requirements for Mobile Food Vending Units

Permit Class	Class D	Class E
What's allowed	Non-potentially hazardous unpackaged or packaged foods	Non-potentially hazardous uncut fruit and vegetables only
Equipment Requirements		
Potable water	Required	Not Required
Food & ware washing sink	Not Required	Not Required
Hand wash sink	Not Required	Not Required
Waste water tank	Required	Not Required
Overhead structure	Required	Not Required
Ventilation	Required	Not Required
Cold holding	Required	Not Required
Hot holding	Required	Not Required
Thermometers	Required	Not Required

§6-08 Facilities for servicing Class D and Class E mobile food vending units.

- (a) Use of a facility that services four or fewer Class D and/or Class E mobile food vending units that are not food trucks, or one Class D or Class E food truck, may be approved by the Department at or prior to the pre-permit inspection of such Class D and/or Class E units.
- (b) A person holding a permit for a Class D or Class E mobile food vending unit who requests approval from the Department for use of a facility other than a commissary shall identify the location of such facility and provide the Department with the individual or business name, address, telephone number(s), and e-mail contact information, if available, for the owner of the facility. The owner of the facility, or the permittee, if the permittee is the owner of the property where the facility is located, shall certify to the Department that the facility complies with all the following conditions:
- 1) The facility is not used to store or discard food.
 - 2) The facility is constructed of materials whose surfaces are easily cleanable, non-toxic, non-absorbent, and smooth and designed to protect the mobile food vending unit at all times from environmental contamination.
 - 3) The facility is adequately lighted; equipped with potable hot and cold running water and drainage for liquid wastes; provides adequate space and facilities for cleaning and storing the unit; and is located entirely on private property.
 - 4) The facility has all required permits other than a commissary permit and its use complies with all applicable fire safety, zoning and building laws. At the request of the Department, the user shall provide copies of any required permits.
 - 5) No more than four Class D and/or Class E mobile food vending units are serviced at the facility.
 - 6) Any mobile food vending units stored in the facility and the facility must be kept in a sanitary condition.
 - 7) No units may be cleaned on public streets or sidewalks.
 - 8) No live animals shall be kept or allowed within any storage or cleaning facility.
 - 9) Garbage, refuse and other solid and liquid wastes shall be collected and stored at the mobile food vending unit while the unit is in use, and removed from the unit and disposed of at a commissary or other approved facility so as not to create a nuisance in accordance with Health Code §89.25.

§6-05. Table 1. Supply and Equipment Requirements for Mobile Food Vending Units

	Potable water	Food and ware washing sinks ¹	Hand wash sink	Waste water tank	Overhead structure	Ventilation	Cold holding	Hot holding	Thermometers
Class A: Potentially hazardous raw foods cooked on unit; e.g., fried and grilled sausages, poultry, shish kebab, hamburgers, eggs and gyros	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Class B: Potentially hazardous prepared foods combined on the unit; e.g., sandwiches raw fruits, vegetables and salads, breads, bagels and rolls buttered or topped with cream cheese on the unit, smoothies and soft serve ice cream	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Class C: Potentially hazardous prepackaged foods; e.g., prepackaged frozen desserts, prepackaged sandwiches, and prepackaged and presliced fruits and vegetables	No	No	No	Yes ³	Yes	No	Yes	Yes	Yes
Class D: Non-potentially hazardous unpackaged or packaged foods; e.g., boiled frankfurters and sausages, brewed coffee and tea, donuts, pastries, rolls and bagels buttered or topped with cream cheese at a commissary, popcorn, cotton candy, nuts, candied nuts, soft pretzels, chestnuts	Yes ²	No	No	Yes ³	Yes	Yes	Yes ³	Yes ³	Yes ³
Class E: Non-potentially hazardous uncut fruit and vegetables; raw prepackaged shelled nuts and shelled nuts. No other foods.	No	No	No	No	Yes	No	No	No	No

Notes:

1. Food and ware washing sinks may be separate or multi-compartment. A single sink is acceptable for food and ware washing if food is washed in a food-grade colander.
2. Waste water tanks are required when generating liquid waste from brewing coffee or tea, boiling frankfurters, or serving or using ice. See, §6-04(h)(3) of this Chapter.
3. Hot and cold holding equipment or methods required for potentially hazardous foods such as hot dogs, sausages and knishes, and sliced or cut fruit and vegetables.



Storage and Use of Propane at Food Cart/Truck Commissaries

INTRODUCTION

Question: What is LPG?

Answer: Liquefied Petroleum Gas (LPG) is a flammable gas. Propane is one type of LPG.

Question: Why is LPG dangerous?

Answer: LPG is highly flammable and can be readily ignited by a spark.

If confined or exposed to fire, leaking propane poses an explosion hazard. Leaking propane can collect in low areas, where ignition sources (e.g. unextinguished cigarettes) may be present. An LPG explosion can cause serious injuries and/or damage property.



USE

Question: How many LPG containers allowed in or on a food cart/truck?

Answer:

Food Cart	Food Truck
✓ Maximum of two (2) cylinders ✓ Cylinders cannot be greater than 20 lbs. each.	✓ Maximum of two (2) cylinders ✓ Cylinders cannot be greater than 100 lbs. each. ✓ A Fire Department permit for the food truck is required when total quantity of LPG is greater than 400 SCF (Standard Cubic Feet, approximately 46 lbs.)

Question: When can LPG containers allowed to be in any occupied building?

Answer: Only 16.4 ounces or less are allowed unless otherwise authorized by the FDNY.

Question: What Certificate of Fitness will I need?

Answer: A G-23 Certificate of Fitness holder is required to connect and disconnect LPG containers (more than 1 pound) to a food cart/truck.

Visit the website: <https://www1.nyc.gov/site/fdny/business/all-certifications/cof-g23.page>

STORAGE

Question: When will I need an FDNY permit for storing any LPG containers?

Answer: If you want to store LPG containers with total quantity greater than 400 SCF (approximately 46 lbs. for LPG) at any facility, you must obtain an FDNY permit.

Examples:

LPG Container Capacity	FDNY Permit required
14.1 ounces	54 containers
16.4 ounces/1 pound	46 containers

LPG Container Capacity	FDNY Permit required
20 pounds	3 containers
100 pounds	1 container

Question: How to obtain an FDNY permit for storing LPG containers?

Answer: Follow the steps below to obtain the FDNY permit. LPG container storage is not allowed until a Fire Department permit is issued:

1. Hire a registered design professional to submit required design and installation documents
Visit <https://www1.nyc.gov/site/buildings/industry/project-checklists-design-professional-mechanical.page>
2. The registered design professional must obtain an approval from the Department of Buildings (DOB).
3. Submit the DOB's approval along with a TM-1 Application for Technology Management Plan Examination/Document Review to the Fire Department, Bureau of Fire Prevention.
Visit <https://www1.nyc.gov/assets/fdny/downloads/pdf/business/tm-1-application-for-plan-examination-doc-review.pdf>
4. Upon approval, the facility owner representative must contact FDNY District Office for a site inspection and permit issuance.

Question: What does an FDNY permit look like?

SAMPLE FDNY PERMIT

FIRE DEPARTMENT, CITY OF NEW YORK				PERMIT		BUREAU OF FIRE PREVENTION	
ACCOUNT NUMBER	TYPE	A.P.	D.G.	ADM. CO.	ISSUANCE DATE	PERMIT EXPIRES	
99999999	10	S	14	E260	05/01/21	04/22	
PREMISES ADDRESS							
11111 FIRST AVE, QUEENS				ABC COMMISSARY			
ITEM CODE	SUB CODE	QTY	DESCRIPTION			FLOOR NO.	FEE
345	08	1	STR/HANDLE/ISE LPG			1	PAID
PERMIT TYPE 1							
1=REGULAR 2=SUPPLEMENTAL 3=DUPLICATE				ABC COMMISSARY 11111 FIRST AVE QUEENS NY 11101-6112			
						ANNUAL FEE	PAID
				ONE LPG CAGE IN PARKING LOT SIDE OF BLDG			
				BY ORDER OF THE FIRE COMMISSIONER			

Question: What Certificate of Fitness will I need?

Answer: G-44 Certificate of Fitness is required for the general supervision of an LPG storage facility.

Visit the website: <https://www1.nyc.gov/site/fdny/business/all-certifications/cof-g44.page>

OUTDOOR STORAGE (MUST HAVE THE FDNY STORAGE PERMIT)

Question: What is the maximum quantity that I can store LPG containers in an outdoor storage facility?

Answer: For new installations, total quantity is limited to 400 pounds or 20 containers of 20 pounds each. Any empty LPG container must be treated and counted as though it contains LPG.

Question: What are the requirements of the outdoor storage area?

Answer:

- It must be at or above grade level and no more than 54 square feet in area.
- It must be located:
 - not less than 20 feet from building openings.
 - 20 feet from any gas station.
 - 10 feet from any combustible material; any building or structure of combustible construction; public sidewalks and parked motor vehicles; public streets, private roads and lot lines.
 - 25 feet from any public gathering place.
- No building used for residential purpose can be located on the same lot.
- It must be protected from vehicle impact, theft, tampering or unauthorized use, and accessible directly from the street for LPG container delivery.

Question: How must the outdoor storage area be protected?

Answer:

- The area must be protected with one of the following protective enclosures:
 - A metal open fence enclosure at least 6 feet in height, secured by a locked gate opening outward; or
 - A lockable ventilated metal locker of a type for which a FDNY Certificate of Approval has been issued.
- The enclosure must be located in a well-ventilated area with a minimum clearance of 10 feet from any surrounding walls more than 8 feet high on at least three sides.

Question: How do I know if the design and installation comply with the regulations?

Answer: Look for the FDNY permit.

The FDNY permit should be posted on the premise, if not, it may be illegal. The permit will only be issued after the design of the storage facility is reviewed and accepted, and an FDNY inspector has performed a site inspection.

INDOOR STORAGE (MUST HAVE THE FDNY STORAGE PERMIT)

Indoor storage is only allowed when an outdoor storage facility is NOT available.

Question: What is the maximum quantity of LPG containers that I can store in an indoor storage facility?

Answer: Total quantity is limited to 300 pounds or 15 containers that are twenty (20) pounds each.

Question: What are the requirements of the indoor storage facility (room)?

Answer: The room must be designed and constructed in compliance with Fire and Building Codes.

Question: How do I know if the design and installation comply with the regulations?

Answer: Look for the FDNY permit.

The FDNY permit should be posted on the premise, if not, it may be illegal. The permit will only be issued after the design of the storage facility is reviewed and accepted, and an FDNY inspector has performed a site inspection.

SAFETY REQUIREMENTS THAT YOU MUST FOLLOW!

 LPG containers with a capacity of 20 pounds or more must have transportation plugs.	 - Propane tanks must be connected or disconnected by a person with a G-23 Certificate of Fitness. - Propane tanks must be disconnected and safely stored in your cart or truck while traveling.
 A portable fire extinguisher with at least 10-B:C rating, either in a protective enclosure affixed to the outside of the storage facility or within 30 feet and readily accessible at all times.	 - Warning sign must be at least 10 inches by 14 inches in size and the letters must be at least 2 inches high. - A hazard identification diamond signs must comply with NFPA 704 requirements. - These signs must be conspicuously posted at each storage location.

PROHIBITIONS

 LPG containers must NOT be stored and used in the position other than upright position.	 When you close your unit for the day, do not leave any propane tanks on your unit. Return all tanks to the propane storage area with the FDNY permit.
 No delivery of containers is allowed to pass through the commissary building.	 LPG containers must not be rolled/dragged on their side or rims. They must only be moved by lifting and lowering, by hand or with approved equipment.
 Damaged or unusable LPG containers must be promptly removed and disposed of in a lawful manner.	 LPG containers must not be stacked or stored on shelves. No LPG container is allowed to be stored underground level (e.g. basement).

MODIFICATION (VARIANCE)

Question: What if I don't comply with the regulations?

Answer: If Fire Department inspectors observe noncompliant conditions, the owner(s) may be ordered to remove the LPG containers.

In the event that an owner has difficulty in meeting the requirements listed in the sections below, the applicant must first submit a modification (variance) application

<https://www1.nyc.gov/site/fdny/business/all-certifications/modification-variances.page>

The submission of a modification (variance) application does not grant an automatic exemption from the NYC Fire Code.

ILLEGAL STORAGE AND REPORT

Question: How can I know if LPG containers are being stored legally?

Answer: Look for the FDNY permit.

Other possible signs that the storage facility may be illegal:

- There is an excessive amount of propane tanks (more than four 100-pound propane tanks or more than twenty 20-pound tanks).
- The storage area is not properly secured.
- The storage area is not well-ventilated.
- The storage area is below grade.
- The storage area cannot be accessed directly from the street for propane delivery

Question: How to report if I suspect propane tanks are stored/used illegally?

Answer: Call 311 and request to speak with the FDNY Fire Prevention Customer Service Center.

OTHER QUESTIONS?

Questions regarding other related mobile food vendor permit, may be answered by calling 311; visiting

<https://www1.nyc.gov/site/doh/business/food-operators/mobile-and-temporary-food-vendors.page> ; or

emailing the FDNY at FDNY.BusinessSupport@fdny.nyc.gov