



**TOWN OF  
SHAWANGUNK**

14 Central Ave. P.O. Box 247 Wallkill NY 12589 845-895-2904

## **FOOD TRUCK PERMIT APPLICATION**

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

Food Truck Permit #: \_\_\_\_\_

### **Applicant's Information**

Name of Applicant: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Applicant's Home Address: \_\_\_\_\_

Applicant's Business Address: \_\_\_\_\_

Applicant's Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

Registered Owner of the Food Truck: \_\_\_\_\_

Registered Owner's Home Address, Phone Number and Email Address:

\_\_\_\_\_



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## Required Information

1. Written description and photo of food truck including license plate and registration number, VIN number, year, make and model of the vehicle and dimensions (length and width).
2. A valid copy of the Ulster County Department of Health Permit for mobile food service operation.
3. Signed Property owner consent letter authorizing the location of the food truck on property.
4. A sketch plan of the location on the property in sufficient detail that is satisfactory to the Town of Shawangunk Code Enforcement Officer
5. Owner must provide proof that all property taxes and fees are currently paid in full.
6. Owner must pay for and obtain a satisfactory Fire and Code Inspection from the Town of Shawangunk Building Department.

## Fee

Seasonal Permit (Up to 9 months) - \$600

Permit - \$100.00/Month

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**THIS PERMIT IS NOT TRANSFERABLE.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
SIGNATURE AND APPROVAL BY THE  
CODE ENFORCEMENT OFFICER

DATE: \_\_\_\_\_