



**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: _____