

TOWN OF LIMA
APPLICATION FOR
FOOD TRUCKS OR TRAILERS

Good for calendar year: _____

Fee: \$25.00 plus \$20.00 for criminal background check (cash, check, or credit card)

Name: _____

Birthdate: ____/____/____ Age: _____

Address: _____

Phone: _____ Hair Color: _____ Eye Color: _____ Height: _____

A criminal record will likely make you ineligible for license.

Have you ever been convicted of a crime? ____ YES ____ NO

If yes – how many? ____ Give details/nature there of: _____

Applicant's business, trade, or occupation for which the license is required:

Name of Business: _____

Address of Business: _____

Business Telephone Number: _____

Business website and email: _____

Number, description, and license plate number of vehicle (s) used in carrying out the business for which this license is requested. _____

Other conditions to be met before issuing license:

***Photo identification of applicant and any associates operating in the Town must be supplied.**

(Applicant signature)

Date

Days and hours of operation: _____

REMEMBER TO APPLY ANNUALLY FOR YOUR PERMIT

LIVINGSTON COUNTY
DEPARTMENT OF HEALTH
2 Murray Hill Drive
Mt. Morris, New York 14510-1691

Jennifer Rodriguez, M.S.
Public Health Director

Phone (585) 243-7270
Fax (585) 243-7287
dept-of-health@co.livingston.ny.us
www.livingstoncounty.us/doh.htm



Mark Grove, P.E., Director
Center for Environmental Health
(585) 243-7280/(585) 335-1717 Fax: (585) 243-6793
Dog Control: (585) 243-6740/(585) 335-1720/ Fax: (585) 243-6751

"COMMITMENT TO LEADING THE COMMUNITY FOR A HEALTHIER AND SAFER TOMORROW"

**REQUIREMENTS FOR OPENING A FOOD SERVICE ESTABLISHMENT
- LIVINGSTON COUNTY -**

- Completed Application (DOH-3915)
- Written compliance with the New York State Worker's Compensation Laws
- Appropriate processing and permitting fee(s)
- Public Water Supply Source: _____ *
- Private water sources (well, spring etc.) must be regulated as a public water supply and comply with Subpart 5-1 of the New York State Sanitary Code. **Engineer design may be required**
- Engineer designed facility plans or Health Department acceptable schematic of kitchen layout
- Compliance with other applicable State and Local laws, rules and regulations
- Satisfactory pre-operational inspection by the Health Department
- Copy of the menu
- At least one person employed by the facility must possess a valid food handlers certificate within 6 months of opening

I UNDERSTAND AND WILL COMPLY WITH THE ABOVE REQUIREMENTS. I ALSO UNDERSTAND THAT FAILURE TO COMPLY WILL RESULT IN CLOSURE AND LEGAL ENFORCEMENT.

(name)

(date)

*List the municipal water supply serving the facility