

## CITY OF SARATOGA SPRINGS



### REQUIREMENTS FOR VENDOR'S LICENSE

1. Fill out the attached application completely.
2. A copy of your New York State Sales Tax Identification Number Certificate issued by the NYS Sales Tax Office. To contact the Sales Tax office, call:  

NEW YORK STATE RESIDENTS: 1-800-225-5829 EXT. 5  
OUT OF STATE: 1-518-438-8581
3. Insurance as required (see attached information).
4. Hold Harmless Agreement (Attached).
5. Please include a sketch, drawing or photo of the cart, stand, etc. that you plan on using along with the measurements. If you are using a vehicle of any kind you need to provide the City with the vehicle's registration and proof of insurance. Vehicle's must meet NYS requirements and may require an inspection from the City's Code Enforcement unit.
6. If you are selling food, beverages, ice cream, etc., you must submit a copy of the health certificate issued by the NYS Department of Health. To contact the Health Dept. call:(518) 793-3893
7. Each application must be accompanied by two (2) recent photographs of the applicant. If the applicant is not an individual two (2) photographs of each person conducting the vending activities must be submitted. All photographs must be of passport size and requirements.
8. For each person conducting sales submit a copy of their photo identification (driver's license).
9. All applications must be reviewed by the Zoning Department, Department of Public Safety, the Department of Public Works and the Director of Risk and Safety.
10. If selling from approved private property, letter from property owner stating approval.
11. As per Section 165-8 (L) please note sales from motor vehicles, other vehicles or trailers are **not permitted** in the T-6 Downtown Business District, except as may be allowed under a special event permit issued under Chapter 69 of the City Code.
12. Fee is \$250.00, cash or check only, payable to the City Clerk. If a license is lost, the Commissioner of Accounts shall have the authority to charge a fee of \$25.00 for a replacement license.
13. Please read the enclosed ordinance carefully before executing the application.



**CITY OF SARATOGA SPRINGS**  
**APPLICATION FOR VENDOR'S LICENSE**

1. Applicant's name \_\_\_\_\_

2. Address \_\_\_\_\_

3. Phone # \_\_\_\_\_ Date of birth \_\_\_\_\_

4. If applicant above is an agent:

Name of person, firm, corporation or legal entity agent represents:

\_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

5. List in detail a description of the goods, wares or merchandise to be sold:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Description of vehicle (s) or device (s) to be used during sales (may submit drawing or photo)

\_\_\_\_\_

\_\_\_\_\_

7. Location of activities where sales are to be conducted:

\_\_\_\_\_

8. Date(s) of sale \_\_\_\_\_

9. Date \_\_\_\_\_

\_\_\_\_\_

Signature of applicant

Note: Each application must be accompanied by two (2) recent photographs of the applicant. If the applicant is not an individual, two (2) photographs of each person conducting the vending activities must be submitted. All photographs must be of passport size and requirements.



## CITY OF SARATOGA SPRINGS HOLD HARMLESS AGREEMENT

### The City of Saratoga Springs requires:

A Certificate of Insurance naming the City of Saratoga Springs as an **Additional Insured** evidencing the following coverages:

- Commercial General Liability: One Million Dollars (\$1,000,000) per occurrence Two Million Dollars (\$2,000,000) aggregate including completed operations, product liability and personal injury liability insurance
- Automobile Insurance Liability: \$1,000,000 combined single limit for owned, hired and borrowed and non-owned motor vehicles (*Please note that this insurance is needed only if vending from an automobile or truck.*)
- Statutory Workers Compensation, Disability and Employer's Liability Insurance for all employees (*Please note that for this coverage per NYS Law, the City of Saratoga Springs shall not be named as an Additional Insured.*)

The Certificate naming the City of Saratoga Springs as **Additional Insured** should be addressed to the attention of:

Department of Accounts  
City of Saratoga Springs  
474 Broadway  
Saratoga Springs, NY 12866  
Attention: City Clerk's Office

The Licensee acknowledges that failure to obtain such insurance on behalf of the municipality constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the City. The Licensee is to provide the City with a Certificate of Insurance naming the City as **Additional Insured** prior to the issuance of any permit. The failure to object to the contents of the Certificate of Insurance or the absence of same shall not be deemed a waiver of any and all rights held by the municipality.

### In all cases, the following hold harmless agreement shall apply:

The Licensee shall indemnify and save harmless the City, its Agents and Employees (hereinafter referred to as "City"), from and against all claims, damages, losses and expense (including, but not limited to, attorneys' fees), arising out of or resulting from the licensed activity, sustained by any person or persons, provided that any such claim, damage, loss or expense is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the tortious act or negligent act or omission of Vendor or its employees, agents or subcontractors.

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Authorized Representative/Title: \_\_\_\_\_



**City of Saratoga Springs**  
**OFFICE OF COMMISSIONER OF ACCOUNTS**

**74 Broadway City Hall  
Saratoga Springs, New York 12866**

**Telephone 518-587-3550  
Fax 518-587-6512**

**JOHN P. FRANCK  
COMMISSIONER**

**SHARON J. KELLNER-CHILLE  
DEPUTY COMMISSIONER**

NYS statutory workers compensation coverage and disability coverage must be evident before any permit/license can be issued by a municipality.

In compliance with the New York State rules, the City of Saratoga Springs requires proof of NYS statutory workers compensation and disability before any license or permit can be issued. If you need samples of the forms please contact the City Clerk's office.

If you have any questions, please call the NYS workers compensation office at 1-866-750-5157.

To complete the waiver, if qualified to do so, visit [www.wcb.state.ny.us](http://www.wcb.state.ny.us)