



INC. VILLAGE OF MANORHAVEN
 33 Manorhaven Blvd.
 Port Washington, New York, 11050
 Telephone (516) 883-7000 Fax: (516) 883-4535

Number(s): _____
 Date: _____
 Payment: _____

2014 Application for ICE CREAM VENDOR LICENSE
to Work in the Village of Manorhaven

DIRECTIONS: To be completed by the owner/officer of the business. **PRINT CLEARLY** and sign in front of a **Notary Public**. Do not leave blank spaces and be sure to include the requested supporting documents and fees. Please feel free to call should you have questions.

Company Name: _____ **Phone:** _____

Company Address: _____

(If less than 5 years, list previous address) _____

Hours of Operation: _____

Owners Name: _____ **Phone:** _____

Owner's Home Address: _____

Number of Employees: _____ **Has your license ever been revoked?** _____

If yes, explain: _____

Names of your vendors: _____

Vehicles which will be used for business purposes: (Attach each vehicle's proof of insurance)

Year, Make & Model: _____ **Plate#:** _____

Year, Make & Model: _____ **Plate#:** _____

Year, Make & Model: _____ **Plate#:** _____

Name of Insurance Carrier: _____

Policy # _____ **Expiration:** _____

Federal Tax ID: _____ **NYS Tax ID:** _____

Nassau County Consumer Affairs # _____ **NYS Employer ID#** _____

Please attach the following support documentation:

1. License from the Town of North Hempstead or another County
2. Copy of Current Insurance Cards for each vehicle listed;
3. Copy of Driver's License;
4. Vehicle Registration;
5. Copy of Insurance Certificate for General Liability listing the Inc. Village of Manorhaven;
6. Workman's Compensation Insurance for your company/DBL Insurance; and
7. A **\$200** application fee payable to the Village of Manorhaven;
8. Report of Inspection from the Nassau County Health Department.

State of New York
County of Nassau ss:

I, _____, declare that I fully understand all of the above-stated questions and have answered these questions truthfully and to the best of my knowledge. Should I be granted a license to operate within the Incorporated Village of Manorhaven, I and all my employees will abide fully with all Federal, State, Town and Village laws. I understand that all the fines for failure to comply with Village laws range from \$50 to \$500. I further state and affirm that all my employees understand that this license, if granted, is non-transferable, will begin on April 15, 2014 and will expire on April 15, 2015. I agree to maintain a valid license and insurance as long as I conduct business within the Incorporated Village of Manorhaven.

Signature of Applicant _____

Sworn to before me this _____ day of _____ 20_____

Notary Public: _____

STAMP