DANIEL P. McCOY
County Executive

JAMES CRUCETTI, MD, MPH
Commissioner of Health

DEPARTMENT OF HEALTH
COUNTY OF ALBANY
175 GREEN STREET
ALBANY, NEW YORK 12202

The Dr. John J.A. Lyons
ALBANY COUNTY HEALTH FACILITY
(518) 447-4580 FAX (518) 447-4698
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MARIBETH MILLER, BSN, MS
Assistant Commissioner for Public Health

PATRICIA J. SNYDER, MBA
Assistant Commissioner for Finance
and Administration

MOBILE VENDOR / PUSH CART INSTRUCTIONS

Dear Mobile Vendor Operator:

In order to apply for a permit to operate, please arrange an inspection of your food service vehicle/pushcart by phoning (518) 447-4625 after March 1st.

Our inspection cannot be performed unless your vehicle/pushcart is in operational condition.

All inspections will be performed at the Department's Parking Lot, S. Ferry and Green Streets, Albany: Inspections are available on these days only by appointment.

Mon. & Weds.: morning 10am-11:30am / afternoon 1pm-3:30pm
Tuesday: mornings only.

MOBILE VENDOR REQUIREMENTS ON DATE OF INSPECTION

1. Completed Mobile Vendor Application.

2. Commissary Letter(s).

4. Menu of items being served.

5. Fee Due: $ 290.00 (additional $ 25.00 if frozen dessert required)

6. You must provide CERTIFICATE proof of employee insurance:
   Workers' Compensation & Disability Benefit Insurance -or-
   NYS WCB form CE-200: Certificate of Attestation of Exemption.

NO PERMIT WILL BE ISSUED WITHOUT THE CERTIFICATE(S) OF INSURANCE

DIVISION OF ENVIRONMENTAL HEALTH SERVICES: PH (518) 447-4625
FAX (518) 447-4501