

Welcome to the 2024-2025 Food Truck Application



To help you become a part of this market experience, this packet contains:

- A Vendor Application Form: Please complete this form and return to:

Oneida County Public Market
321 Main Street, Box 8
Utica, New York 13501

or email to info@oneidacountymarket.com.

A completed application includes:

- A completed and signed application form
- A signed Attestation for health department public health mandates
- A copy of Oneida County Health Department Mobile Permit for current year
- A Certificate of Liability coverage naming “County of Oneida” and “Cornell Cooperative Extension Oneida County” as additional insured (800 Park Ave, Utica, NY 13501 and 121 Second St., Oriskany, NY 13424 respectively).

Contact Beth Irons, Market Manager (phone: 315-736-3394, ext. 103; email: info@oneidacountymarket.com OR egi3@cornell.edu) with any questions or concerns you may have about participation in the Oneida County Public Market.

The Oneida County Public Market is an economic development of Oneida County Executive Anthony J. Picente, Jr. under the auspices of Cornell Cooperative Extension of Oneida County.



Cornell Cooperative Extension | Oneida County



2024-2025 Food Truck Vendor Application

Business Name: _____

Contact Name: _____

Telephone #: _____ Email: _____

Street Address: _____

City: _____ Zip: _____

Emergency Contact for above listed vendor: _____

Relationship to vendor: _____ Phone: _____

NYS Sales Tax #: _____ (if selling product subject to NYS sales tax)

Products: Please list all items you intend to sell:

Special Requirements: Electric power, water, special access, other:

I have read, understood, and agree to abide by and comply with the Market schedule and rules as presented in this application. The information that I have provided in this application is true and complete. I agree to abide by any applicable local, state, and federal laws or regulations. I agree to indemnify and hold harmless the Market, its volunteers, its management, the County of Oneida, Cornell Cooperative Extension Oneida County, the City of Utica, their officers and/or employees for any losses or damages, however incurred.

Vendor Signature: _____

Date: _____



2024-2025 Schedule and Market Rules

Please sign, date, and bring with you on market day.

Market schedule:

- Set up: 7:00am – 8:30am. All trucks must be in place by 8:30. There will be no vehicular movement in the market space between 9:00am and 1:00pm. This creates an unacceptable public safety issue.
- Market time: 9:00am – 1:00pm
- Breakdown: 1:00-2:00pm

Market Rules:

- Vendors must stay for the entire market day (9:00am to 1:00pm).
- Vendors must provide staffing for their food truck. The Market will provide seating for customers.
- Donation solicitation and proselytizing is prohibited.
- All areas must be kept clean and organized.
- All trash generated by the vendor's food truck must be removed by the vendor.

Initial and date that you, the food truck vendor, have read, understand, and agree to follow the above schedule and market rules:

Initial: _____

Date: _____

**Oneida County Public Market Operating Protocol and
Attestation or Vendors and Employees
2024-2025**

All vendors and employees must sign acknowledging that you have read, understand, and agree to abide by this protocol to help mitigate the spread of illnesses.

I, _____, attest to all of the following:

I will refrain from coming to the Oneida County Public Market if any of the following apply:

- I am experiencing symptoms associated with illness. Symptoms may include but are not limited to:
 - Cough
 - Shortness of breath or difficulty breathing
 - Fever
 - Chills
 - Muscle pain
 - New loss of taste or smell
 - Sore throat and Headache

If I have COVID or any COVID symptoms, I agree to follow CDC hand hygiene guidelines to prevent the spread of illness:

- I will wash my hands often with soap and water for at least 20 seconds, especially after blowing my nose, coughing, or sneezing; and/or going to the bathroom;
- If soap and water are not readily available, I will use hand sanitizer that contains at least 60% alcohol to cover the surfaces of my hands;
- I will avoid touching my eyes, nose, and mouth with unwashed hands.
- I agree to follow local Department of Health guidelines related to COVID-19 and any other illnesses.
- I will keep my booth/ personal work area cleaned and disinfected.

Signature: _____

Today's date: _____