



Waiting List Application Form - Citywide Supervisory License for U.S. Veterans and People with Disabilities

Complete this form in English and return by April 17, 2023.

Personal Information

Last Name	First Name	Middle Initial
Street Address		Apartment
City	State	ZIP Code
Phone	8-Digit NYC Health Department Mobile Food Vendor License Number ____ _	
Email Address		

Choose a Category

Check only one box. Definitions are provided in the instructions. You will need to provide proof of status once you are selected to apply for a supervisory license.

- United States veteran with a disability
- Person with a disability
- United States veteran without a disability

Signature

I affirm that the information I have provided above is correct.

Signature of Applicant: _____ **Date:** _____

Mail this form to:

New York City Department of Health and Mental Hygiene
Attn: MFV Waiting Lists
125 Worth Street, C.N. #1000
New York, NY 10013

Forms postmarked after April 17, 2023 will not be accepted.

For more information about mobile food vending waiting lists, call **311** or visit nyc.gov/health/mobilefood.