



# OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS

Hearings Division

66 John Street  
10<sup>th</sup> Floor  
New York, NY 10038  
1-844-OATH-NYC

## Food Vendor Invoice Search Request – Email Request Form

Date: \_\_\_\_\_

### Requestor Information:

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

How would you like to receive the Invoice?  Mail or  Email

An Invoice with a zero balance will be issued to you **if it is determined that you DO NOT have any outstanding fines to be paid. If you are found to have outstanding fines, they will be listed on the Invoice.**

To process your request for an Invoice Search, you must provide the following information and email this request form to [vendorinquiry@oath.nyc.gov](mailto:vendorinquiry@oath.nyc.gov)

Previous addresses during the past 10 years:

**Address**

**Dates living at address (Month & Year)**

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Social Security number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Is this the first time you are applying for a Mobile Food Vendor's License?  Yes  No

**If YES**, please provide a valid picture ID and a copy of the front and back of your Social Security card.

**IF NO**, and you are seeking to **renew** your:

- A.  **Food Vendor's License** with the Department of Consumer Affairs, please provide a copy of the front and back of your current Food Vendor License **and** the following information:

**Current License number:** \_\_\_\_\_ **Current Permit number:** \_\_\_\_\_

- B.  **Cart Permit** with Department of Consumer Affairs, please provide a valid picture ID, a copy of the front and back of your Social Security card, a copy of your current permit **and** your

**Current Decal number:** \_\_\_\_\_