

**APPLICATION TYPE 1 FIRE PERMIT
MOBILE FOOD TRUCK**

BUSINESS OWNER INFORMATION

Name of Business	Business Address
Town	County
State/Zip	Phone/contact number
Email address	website

APPLICANT INFORMATION

Applicant Name	Applicant Home address
Town	County
State/Zip	Phone/contact number
Email address	Emergency Contact – Name/phone number

The above applicant requests a Fire Safety Permit for 1 year- October 1, 2021 through September 30, 2022

Place of operation: _____

Days and Hours of operation: _____

Type of tanks for cooking, quantity, and storage _____

Type of Power Source: _____

Will a generator be used yes no

A site plan showing exact location of trailer showing 10ft clearance is attached

A copy of current cooking suppression system inspection report is attached

Upon review The Bureau of Fire Prevention may require additional information be submitted for approval.

Type 1 permit fee \$ 60.00 Received Check # _____ Date _____