



DIVISION OF FIRE
Bureau of Fire Prevention Investigation
201 Jefferson Street, Hoboken, NJ 07030
(201)420-2268
Fax (201)420-2227



APPLICATION FOR MOBILE RETAIL FOOD VENDOR TYPE 1 PERMIT
TO INCLUDE FIRE SAFETY REGULATIONS UNDER ORD. 147

Print all information

Applicant/Mobile food vehicle name:	Address:
City:	County:
State/Zip Code:	Phone: ()

Event/Location:

Type of Activity: OPEN FLAME OR FLAME PRODUCING DEVICE. MOBILE COOKING IN CONNECTION WITH PUBLIC GATHERING	Type of Fuel Use, Amount & Appliances: Generators mounted: Yes() No() Location & fuel type: Hard lined from fuel tank: Yes() No()
Vehicle Lic. Plate# & State: Type of Vehicle & year: Vehicle Insurance info:	Smoke Detector: Yes() No() Fire Extinguishers: Carbon Monoxide: Yes() No() ABC: Yes() No() Gas Detector: Yes() No() Class K: Yes() No()

Permit requested for following date(s): _____

I hereby acknowledge that the information given is correct, and agree to comply with the applicable requirements of the Fire Code, as well as any specific conditions imposed, and, if not, this permit may be revoked and I will be subject to penalties as provided by law. I also understand that PERMIT FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE. **Permit good for 6 months.**

 Print name

 Applicant Signature

 Title

 Date

See reverse side for information concerning your restrictions & administrative appeal rights.

Make checks/money order payable to Hoboken Fire Department and include address & phone number on check.

OFFICE USE ONLY			
PERMIT # _____	PERMIT TYPE: <u>1</u>	CONDITIONS IMPOSED: YES NO	DENIED: _____ FEE: \$54.00.
(CIRCLE ONE)			
Fire Inspector approving/issuing permit: _____	DFS #: _____		

PERMITS NON-TRANSFERABLE AND NON-REFUNDABLE