

## Franklin Township Fire Prevention

475 DeMott Lane Somerset, NJ 08873 732-873-2500 Ext. 6303 - Fax 732-873-0804

## **Mobile ENCLOSED Food Truck**NJ State Type 1 Permit - \$85.00

Date	
Applicant:	
Business Name	
Food Truck Name (if different than above)	
Address	
Name	
Phone	
Email	·
Request for Fire Safety for Mobile Enclosed Fo	
Event location	
Type of event	
The Food Truck will be <b>used</b> on or between (da	ates) _ and between the hours of
and	

The Food Truck will b	be <b>set up</b> and ready for ins	pection on (date / time)
	mber of contact / responsib	
Cooking Appliances  Stove Gridd	<u>s</u> : le □ Oven □ Deep Frye	r other
<ul> <li>equipped with a</li> <li>The Fire Suppr fire suppression months. The Osuppression sy</li> <li>If the truck has "K-type" portab extinguisher co extinguishers m</li> <li>Propane cylinders free from leaks</li> </ul>	ession System must have a systems are required to be perator must have a copy of stem inspection report (not a deep fat fryer, the vehicle le fire extinguisher. Other to mpatible with the fire supported have a current service ers, piping and hoses must.	od fire suppression system.  a valid inspection tag. Hood be inspected every 6 of the actual fire just a tag) e must be equipped with a rucks must have a fire ression system. All fire tag. tag. tag.
Health Department Somerset County He	: A Temporary food Permit alth Department.	is required from the
given is correct, and the owner's behalf ar	that I am the owner, or duly	ication, that the information person authorized to act in comply with the applicable conditions imposed by the
Signature	Name / Title	Date
RECEIPT NO.	DATE PAID	AMOUNT PAID
	Cash	Check