



Town of Secaucus Bureau of Fire Protection
1203 Paterson Plank Road 2nd Floor
Secaucus, New Jersey 07094

Phone: 201-330-2059 Fax: 551-257-7200

Mobile Food Vendor Permit Application

Three Day Event Location: _____

Yearly Vendor

Name of Business or Platform _____

Name of Owner _____

Phone # _____ Email Address _____

Mailing Address

Street _____ Apt/Suite # _____

City _____ State _____ Zip Code _____

Type of Platform Trailer Truck Food Cart Tent

Other, Please Describe: _____

License Plate Number _____ Issuing State _____

Town of Secaucus Health Department License # _____

Does it have a Ventilation System? Yes No

If Yes, when was the last time it was cleaned/serviced: _____

Does the food you cook produce grease laden vapors? Yes No

Does it have a Fire Suppression System? Yes No

Does the vehicle have Fire Extinguishers? Yes No

Type _____ Size _____ Quantity _____ Date of last service _____

Type _____ Size _____ Quantity _____ Date of last service _____

Does the Vehicle use propane or compressed natural gas to heat or cook food? Yes No

If Yes: Date of last hydrostatic test _____

If No: What type of fuel is used to cook? _____

Signature: _____ Date: _____

Printed Name: _____