

## Town of Secaucus Bureau of Fire Protection 1203 Paterson Plank Road 2<sup>nd</sup> Floor Secaucus, New Jersey 07094

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

## **Mobile Food Vendor Permit Application**

NJ State Type 1 Permit (Required) \$ 54.00				
1, 2, 3 Day Event Location :				
Yearly Vendor \$ 100.00				
Name of Business or Platform				
Name of Owner				
Phone # Email Address			87	
Mailing Address				
	1 1/0 1	,,		
Street				
CityState_	Zip Co	de		
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		N/A	
If yes, when was the last time it was cleaned/serviced:				
Does the food you cook produce grease laden vapors?	Yes	No	N/A	
Does it have a Fire Suppression System?	Yes	No	N/A	
Does the vehicle have Fire Extinguishers?	Yes	No	N/A	
Type Size Quantity				
Type Size Quantity	_ Date of last	servic	e	
Does the Vehicle use propane or compressed natural ga	s to heat or co	ok foo	d? Yes N	o N/A
If Yes: Date of last hydrostatic test			Market January 11911	
If No: What type of fuel is used to cook?				· ·
Signature:	Date			
Printed Name:				
Check # Amount \$	Date:			