

Denville Fire Prevention
One St Mary's Place
Denville NJ 07834
973-625-8300 ex 257
Attn: Fire Prevention



Food Truck/Trailer Permit Application

<u>Name of Property where event is being held:</u> _____		
<u>Street Address:</u> _____		
<u>Town</u> _____	<u>State</u> _____	<u>Zipcode</u> _____

Permit applications should be received by the Bureau of Fire Prevention at least 7 days prior to the event

Applicant Information

<u>Applicants Name:</u> _____		
<u>Name of Company:</u> _____		
<u>Address of (Applicant's or Company)</u> _____		
<u>Mailing Address if different:</u> _____		
<u>Town:</u> _____	<u>State:</u> _____	<u>Zip Code:</u> _____
<u>Telephone No:</u> _____	<u>Fax No:</u> _____	

[] Permit requested for the following date (s) _____

The above named applicant hereby requests a permit or permits to operate a mobile enclosed cooking operation held within the jurisdiction of Denville Township. No permit will be issued without completion of the FOOD TRUCK/TRAILER INFORMATION FORM, PERMIT APPLICATION FORM, and an inspection by this bureau. The permit application fee for this permit is **\$54.00**.

I hereby acknowledge that the information provided is correct, and agree to comply with the applicable requirements of the New Jersey Uniform Fire Code 2015 edition as well as any specific conditions imposed. I also hereby acknowledge this permit may be revoked and I will be subject to penalties as provided by law.

<u>Applicants signature</u>	<u>Title</u>	<u>Date</u>
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All documentation can be submitted via E-Mail to fireprevention@denvillenj.org

Food Truck/Trailer Information Form

Date: _____

Date of event: _____

Event Location: _____

Name of Vendor: _____

Owner Name: _____

Owner address: _____

Owner Phone #: _____

E-Mail: _____

Briefly describe your operation: _____

On site contact person: _____

On site cell phone #: _____

Vehicle Type (ie. van,trailer,cart): _____

Make/Model/Year: _____ Vehicle inspection date _____

Vehicle inspection date: _____

License plate #: _____ Registration # (VIN#): _____

Insurance provider: _____ Policy #: _____

Please include a copy of the following documentation with this application if applicable to your operation.

A copy of your recent hood suppression acceptance test report per NFPA 17

A copy of your latest hood cleaning report per NFPA 17

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