



Office of the Fire Marshal Food Truck Application

Permission shall be granted to the below named party to operate a Food Truck, per the constraints of the above codes.

License Plate #

DL #

VIN #

Responsible Party

Responsible Party Name:

Responsible Party Address:

Emergency Contact:

Phone:

Mobile:

Food Truck Name

Food Truck Name/Business Name

Company Address:

Owner's Name:

Owner's Address:

Vehicle Make & Model:

Phone- Mobile:

Driver Information

Drivers Name:

Driver's Address:

Drives Mobile:

Fire Marshal Office Information
Approved : Not Approved:
Date of Issue:
Expiration Date:

For Official Use Only

