BRIDGEWATER TOWNSHIP BUREAU OF FIRE SAFETY

100 COMMONS WAY BRIDGEWATER, NJ 08807 P: 908-725-6300 EXT 5550 Main, 908-725-6300 EXT 5555 Chief Fire Marshal EMAIL: fireofficial@bridgewaternj.gov Thomas Scalera, Chief Fire Marshal



Mobile Food Truck Type 1 Permit - \$60.00___

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Please note that each individual food truck requires a separate permit. A new permit is required each day or location the food truck is operated.
Semiannual Permit - \$350
Date
Applicant:
Business Name
Food Truck Name (if different than above)
Address

Name
Phone
Email
VEHICLE License Plate #
Event location
Type of event
The Food Truck will be used on or between (dates) and between the hours of and
The Food Truck will be set up and ready for inspection on (date / time)

Name and phone number of contact / responsible person to be present at the time of the inspection			
Cooking Appliances: Stove Griddle	Oven Deep Frye	er other	
 Cooking operations that produce grease laden vapors, must be equipped with an exhaust hood and a hood fire suppression system. The Fire Suppression System must have a valid inspection tag. Hood fire suppression systems are required to be inspected every 6 months. The Operator must have a copy of the actual fire suppression system inspection report (not just a tag) If the truck has a deep fat fryer, the vehicle must be equipped with a "K-type" portable fire extinguisher. Other trucks must have a fire extinguisher compatible with the fire suppression system. All fire extinguishers must have a current service tag. 			
 Propane cylinders, piping and hoses must be in good condition and fee from leaks 			
 Reports for Kitchen Suppression and Hood cleaning report must be submitted to Bridgewater Township Fire Safety Office 			
Health Department: A Temporary food Permit is required from the Bridgewater Township Health Department.			
I hereby acknowledge that I have read this application, that the information given is correct, and that I am the owner, or duly person authorized to act in the owner's behalf and as such hereby agree to comply with the applicable requirements of the Fire Code and any specific conditions imposed by the Fire Official.			
Signature	Name / Title	Date	
RECEIPT NO	DATE PAID	_ AMOUNT PAID	
Cash Check			