## **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\_\_\_

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 <b>used</b> on or between (dates) and between the hours of and
The Food Truck will be <b>set up</b> and ready for inspection on (date / time)

Name and phone num the time of the inspect		ole person to be present at
Cooking Appliances  Stove Grid	s: CHECK ALL BOXES  dle Oven Deep	Fryer other
<ul> <li>Cooking ope equipped with an equipped with an the Fire Suppression suppression system.</li> <li>If the truck he "K-type" portable extinguisher com</li> </ul>	erations that produce greated exhaust hood and a hood pression System must has sion systems are required rator must have a copy of the inspection report (not	ase laden vapors, must be d fire suppression system. ave a valid inspection tag. d to be inspected every 6 f the actual fire just a tag) chicle must be equipped with a ucks must have a fire ession system. All fire
<ul> <li>Propane cyli and free from leak</li> </ul>		nust be in good condition
<ul> <li>Submit Report must be su</li> </ul>	orts for Kitchen Suppressi bmitted.	on and Hood cleaning
<ul><li>Submit Annuand Fuel Gas Pip</li></ul>	al Inspection Report for L e System	PG-Gas Containers
<ul><li>LPG-Gas ala</li></ul>	ırm shall be installed with	in the vehicle
	<b>partment</b> : A Temporary Bridgewater Township He	
given is correct, and the the owner's behalf and requirements of the Fir	at I am the owner, or duly as such hereby agree to e Code and any specific comply a Fire Code viola	ication, that the information person authorized to act in comply with the applicable conditions imposed by the tion will be issued and may
Signature	Name / Title	Date
RECEIPT NO.	DATE PAID	AMOUNT PAID
Cash Che	ck	