

FIRE PREVENTION DIVISION Food Truck Owner Information

FOOD TRUCK NAME		VEHICLE TAG	VEHICLE VIN #
MAKE	MODEL	YEAR	FEIN NUMBER
FIRST NAME	LAST NAME	DRIVER LICENCE NUMBE	R
BUSINESS NAME		ADDRESS	
STATE	СІТҮ	ZIP CODE	PHONE NUMBER
EMAIL		PREFERRED METHOD OF COMMUNICATION	
		TEXT PHONE	EMAIL

ITEMS BELOW WILL BE COMPLETED BY INSPECTOR

FIRE EXTIGUISHER DATE	GAS CYLINDER INSPECTION DATE
HOOD SUPPRESSION DATE	HOOD CLEANING DATE
CR NUMBER	DECAL#

THIS FOOD TRUCK MEETS THE MINIMUM FIRE SAFETY REUIREMENTS AT THIS TIME

INSPECTOR_____ DATE_____