



CITY OF VINELAND
640 EAST WOOD ST
VINELAND, NJ 08360
FIREPREVENTION@VINELANDCITY.ORG

BRIAN MURRAY
FIRE MARSHAL

(856) 794-4000
EXT. 4747

Mall Kiosk Type 1 Permit Application

Date of application: \_\_\_\_\_

Annual Fee: \$54

Mall Activity location \_\_\_\_\_

Event date(s) \_\_\_\_\_ TO \_\_\_\_\_ Event Time \_\_\_\_\_

Trade Name \_\_\_\_\_

Applicants Name \_\_\_\_\_

Applicants Address \_\_\_\_\_

Contact (Cell Number) \_\_\_\_\_ Email \_\_\_\_\_

The above named applicant hereby requests permission to conduct the following activity:

Three horizontal lines for describing the activity.

Total Square feet of kiosk: \_\_\_\_\_

I hereby acknowledge that I have read this application, that the information given is correct, and that I am the owner, or duly authorized to act in the owner's behalf and as such hereby agree to comply with the applicable requirements of the fire code as well as any specific conditions imposed by the fire official.

Signature \_\_\_\_\_ Print \_\_\_\_\_

For Official use only

Date received \_\_\_\_\_ Inspector \_\_\_\_\_ Payment (check#) \_\_\_\_\_

Notes \_\_\_\_\_