



Food Vender Type 1 Cooking Permit Application

Date of application: _____

Annual Fee: \$54

One day fee: \$25

Activity location and address _____

Event date(s) _____ Event Time _____

Organization / Trade Name _____

Applicants Name _____

Applicants Address _____

Contact (Cell Number) _____ Email _____

Type of Unit Trailer Truck Food Cart Tent Other,

IF Other; Please Describe: _____

Vineland Health Department License# _____

Does it have a Exhaust Ventilation System? Yes No

Does the food you cook produce grease laden vapors? Yes No

Does it have an Automatic Fire Extinguishing System? Yes No

Does the Vehicle use propane or compressed natural gas to heat or cook food? Yes No

If No: What type of fuel is used to cook? _____

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- (Set up Inspection date) _____