VILLAGE OF ALLEGANY

CODE ENFORCEMENT

106 E. Main Street, Allegany, NY 14706

Office: (716) 373-1460 Fax: (716) 373-4388

Email: kroth@allegany.org / jhelgager@allegany.org

OPERATING PERMIT FOR MOBILE FOOD PREPARATION VEHICLES

For Office Use Only ISSUED DATE: _____ EXPIRATION DATE: _____

FEE: _____ APPLICATION No: _____-_____ APPROVED BY _____

SUBJECT PROPERTY / SITE / LOCATION INFORMATION

Street Address _____ City _____ Zip _____

Tax Map ID _____ Property Owner _____

APPLICANT INFORMATION

Food Vehicle Owner _____ Contact Phone # _____

Street Address _____ City _____ Zip _____

E-Mail _____ Alt Phone # _____

Food Vehicle DMV License Plate No_____ DMV Inspection Cert. _____ Exp. Date _____

Catt. Co. Health Insurance Certificate _____ Date Issued_____ Exp. Date _____

MOBILE FOOD PREPARATION VEHICLE DESCRIPTION

☐ Truck ☐ Trailer Vehicle Description _____

_____

☐ Cooking Exhaust System _____

Fire Protection Systems and Device

☐ Ansul System / Inspection Date _____ ☐ Fire Extinguisher(s) / Inspection Date _____

Description

_____

_____

Fuel gas system

☐ LP-gas Containers / Description _____

☐ CNG Containers / Description _____

I hereby certify that I am authorized to make this application and that I follow New York State Fire Code 319.1 – 319.10.3

_____ _____ _____

PRINT NAME **SIGNATURE** **DATE**