



**Township of Maple Shade
Fire Department**

Office of the Fire Marshal

200 Stiles Avenue
Maple Shade, NJ 08052
856-779-9610

PERMIT APPLICATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CONTACT NAME: _____

PHONE NUMBER: _____ DATE OF ACTIVITY: _____

LOCATION OF ACTIVITY: _____

The above name applicant has hereby requested permission to conduct the following activities at the above listed location:

MOBILE/PORTABLE COOKING OPERATION WITH GREASE LADEN VAPORS

All activities are required to be conducted in accordance with the New Jersey Uniform Fire Code N.J.A.C. 5:70-3. The following conditions must be met as a minimum requirement:

1. Fully operational hood ventilation and automatic suppression system inspected and tagged within the last six (6) months (for all enclosed mobile food vendors).
2. Charged and tagged 20-pound Class K Fire Extinguisher
3. Fuel cylinders are upright and secured
4. Access to the public and juveniles is restricted

State the quantity of each fuel container to be stored or used and the method in which it will be stored or used:

I hereby acknowledge that I have read the application, information given is correct, and that I am the owner of, duly authorized to act on 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 Marshal:

Applicant Print

Applicant Signature

Date

Permit Type: I

Fee Amount: \$54.00