

Date of Application

FARMINGDALE STATE COLLEGE

OFFICE OF THE FIRE MARSHAL 2350 BROAD HOLLOW ROAD FARMINGDALE, NY 11735 (934)-420-2603



MOBILE FOOD PREPARATION VEHICLE APPLICATION

Email: kleinkrl@farmingdale.edu

Applicants are required to fill out the entire permit and sign before submission. Signing this binds the applicant to abide by all the conditions and requirements listed. Please submit it at least 10 days prior to the event.

APPLICANT INFORMATION

Date of Event:

- a.c. oppoa.c.	
Applicant Name:	
Applicant Address	;;
Telephone#:	Email(required):
	VEHICLE INFORMATION
Type of vehicle:	Truck Trailer Other(explain):
Make/Manufactu	rer: Model
Year:	State of Registration: License Plate:
Vehicle Identi	fication # (VIN):
Was the subject v	ehicle manufacturer MFPV? Yes No Year Converted:
Cooking Appliance	e Fuel: LPG (Propane)
Other	
Extinguishing syst	em installed: Yes No No
Exhaust system in	stalled: Yes No
Does the MFPV ha	ave a valid Suffolk County Department of Health Food Service permit? Yes No
Permit #:	If not, the applicant is required to obtain a temporary food permit for event.
Applicant Signatu	re:
FIRE MARSHAL USE ONLY	
Date of Inspection	Approve: Denied: Fire Marshal: