



# FIRE CODE PERMIT

## MOBILE FOOD PREPARATION VEHICLE APPLICATION

### YAKIMA COUNTY FIRE MARSHAL'S OFFICE

International Fire Code

128 N. 2nd Street, 4th floor, Yakima, WA 98901 - (509) 574-2300

#### Requirements to Process your Vendor Application

- The specific information is needed to determine the type of review to be conducted and address issues that may be of concern before issuing the permit. Providing detailed information will assist in understanding the scope of your proposal.
- Your **application must be submitted a minimum 2 weeks prior to your first scheduled event** in order to allow time to process.

**Business Name:** \_\_\_\_\_

**Type of Food being Prepared:** \_\_\_\_\_

**Locations/Events attending at:** \_\_\_\_\_

<b>Mobile Food Preparation Vehicle Type:</b> <input type="checkbox"/> Motor Vehicle (e.g. Food Truck) <input type="checkbox"/> Pushcart <input type="checkbox"/> Trailer <input type="checkbox"/> Other: _____	<b>Motor Vehicle Description:</b> Make: _____ Model: _____ Year: _____ Color: _____ License#: _____	<b>Appliances Present:</b> <input type="checkbox"/> Deep Fryer <input type="checkbox"/> Range <input type="checkbox"/> Griddle <input type="checkbox"/> Grill <input type="checkbox"/> Broiler <input type="checkbox"/> Other: _____
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<b>Fuel Sources:</b> <input type="checkbox"/> Electric <input type="checkbox"/> LPG <input type="checkbox"/> Gas <input type="checkbox"/> CNG <input type="checkbox"/> Wood <input type="checkbox"/> Generator LPG/CNG Tank Size: _____	<b>Fire Extinguishers:</b> Mobile food preparation vehicles require a minimum <b>2A:10B/C fire extinguisher</b> to be present. If cooking with grease laden vapors a <b>K-rated fire extinguisher</b> will also be required. All Fire Extinguishers must be serviced and charged.
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**General Questions:**

Will there be any open flames?  Yes  No

Is a Cooking Hood System Installed?  Yes  No

    If yes, was the Fire Suppression System serviced and tagged within the last 6 months?  Yes  No

    Has the Hood been cleaned and tagged in the last 6 months?  Yes  No

Are electrical cords, such as extension cords, being used?  Yes  No

    If yes, how are they being used and how are they being protected? \_\_\_\_\_

Location of food Preparation (mark all that apply):  Onsite     Offsite

**Tents and Canopies:**

Will any tents and/or canopies be used?  Yes  No    If yes, how many: \_\_\_\_\_

    Size \_\_\_\_\_ X \_\_\_\_\_    # of Walls: \_\_\_\_\_

    Size \_\_\_\_\_ X \_\_\_\_\_    # of Walls: \_\_\_\_\_

    Size \_\_\_\_\_ X \_\_\_\_\_    # of Walls: \_\_\_\_\_

\*All fabrics, membranes, tarps, canopies, and tents shall be flame resistant! (Flame Certification must be submitted.)

\*Please provide a site plan showing the location of all tents and/or canopies. All tents and/or canopies must have a clearance of a minimum of 12ft from all buildings, structures, vehicles, and any combustible materials.

\*Tents/Canopies may require additional permit fee.



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ALL FEES MUST BE PAID PRIOR  
TO ISSUANCE OF PERMIT

(OFFICE USE ONLY)

Case Number: VEN

Annual Permit

**Tax Parcel Number of the site (Ex. 171215-12401):** \_\_\_\_\_

**Location/Address of Where Occasion is to be held**

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Contact Information**

Name of Business/Company: \_\_\_\_\_

Responsible Party: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address—Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**Date(s) and Time of Occasion**

List Date(s) Below:	Hour/Time: (i.e. 8am—4pm)	List Date(s) Below:	Hour/Time: (i.e. 8am—4pm)

**Earliest Date/Time for Inspection:** *Inspections are scheduled Monday—Friday, 8:00am—4:00pm.*

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**\*\*Special requests for weekend inspections will be billed the weekend rate – 2-hour minimum fee.**

**Notice:** *Set-up may begin after the permit is issued. Set-up prior to approval is at the applicant's risk and subject to corrections/stop work order. A fire code inspection and all corrections (if necessary) must be completed prior to opening/occasion. **Failure to obtain a fire code inspection and/or make corrections may result in revocation of this permit, issuance of a citation, and closure of the function.***

**I understand the requirements/conditions of this permit and agree to comply. I further understand that violating these requirements / conditions shall result in revocation of this permit:**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Office Use Only)

Application/Plans Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_  Approved  Denied