**MOBILE FOOD PREPARATION VEHICLE APPLICATION**

FARMINGDALE STATE COLLEGFE FIRE MARSHAL

2350 BROADHOLLOW ROAD

FARMINGDALE NY, 11735

Email: [kleinkrl@farmingdale.edu](mailto: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**

1. Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Applicant Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Telephone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email(required):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VEHICLE INFORMATION

1. Type of vehicle: Truck\_\_\_ Trailer\_\_\_ Other(explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Make/Manufacturer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Year: \_\_\_\_\_\_\_ State of Registration: \_\_\_\_\_\_\_\_\_\_\_\_\_ License Plate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Identification # (VIN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was the subject vehicle manufacturer MFPV? Yes\_\_\_ No\_\_\_ Year Converted: \_\_\_\_\_\_\_\_\_
2. Cooking Appliance Fuel: LPG (Propane) \_\_\_\_\_\_ Electric\_\_\_\_\_ Wood \_\_\_\_\_\_ CNG \_\_\_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Extinguishing system installed: Yes\_\_\_\_\_ No\_\_\_\_

Exhaust system installed: Yes\_\_\_\_ No\_\_\_\_\_

1. Does the MFPV have 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 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of

Inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approve: \_\_\_\_ Denied: \_\_\_\_ Fire Marshal: \_\_\_\_\_\_\_\_\_\_\_