

**Kalamazoo Township Fire Prevention Bureau Application for Mobile Food
Vehicles**

Name of Business Owner _____ Date of
Birth ____ / ____ / ____

Driver's License Number: _____ State
Issued: _____

Home Address _____

City _____ State _____ Zip Code _____

Business Name _____

Business Address _____

City _____ State _____ Zip Code _____

Telephone Number () _____ () _____

This Vehicle has the Following Fuel and Cooking Operations			
<input type="checkbox"/> Propane (LPG)	<input type="checkbox"/> Compressed Natural Gas (CNG)	<input type="checkbox"/> Generator	<input type="checkbox"/> Solar
<input type="checkbox"/> Stove	<input type="checkbox"/> Oven	<input type="checkbox"/> Deep Fryer	<input type="checkbox"/> Hood System
<input type="checkbox"/> Automatic Fire Suppression			

Email: _____

Website: _____

License Plate: _____

Vehicle Identification Number _____ Year
Built _____

Vehicle Insurance Policy Number _____

Vehicle Insurance Provider _____

Address of Insurance Provider _____

City _____ State _____ Zip Code _____

Insurance Provider Telephone () _____

By signing below, I _____ affirm that all the above to be true and correct. Further, I am the responsible party for all safe operations to be conducted in the Mobile Food Vehicle listed and doing business within Kalamazoo County, Michigan.

Applicant

Signature: _____ **Date:** _____

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Applicant Printed Name: _____

Applicant

Signature: _____ **Date:** _____

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This Vehicle was inspected by, Charter Township of Kalamazoo Fire Marshal:

_____ On this date ____ / ____ / _____