

VILLAGE OF LITTLE VALLEY
CODE ENFORCEMENT

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OPERATING PERMIT FOR MOBILE FOOD PREPARATION VEHICLES

For Office Use Only

FEE: _____ APPLICATION No: _____ - _____ APPROVED BY _____

SUBJECT PROPERTY / SITE / LOCATION INFORMATION

Street Address _____ City _____ Zip _____

Tax Map ID _____ Property Owner _____

APPLICANT INFORMATION

Food Vehicle Owner _____ Contact Phone # _____

Street Address _____ City _____ Zip _____

E-Mail _____ Alt Phone # _____

Food Vehicle DMV License Plate No _____ DMV Inspection Cert. _____ Exp. Date _____

Catt. Co. Health Insurance Certificate _____ Date Issued _____ Exp. Date _____

MOBILE FOOD PREPARATION VEHICLE DESCRIPTION

Truck Trailer Vehicle Description _____

Cooking Exhaust System _____

Fire Protection Systems and Device

Ansul System / Inspection Date _____ Fire Extinguisher(s) / Inspection Date _____

Description _____

Fuel gas system

LP-gas Containers / Description _____

CNG Containers / Description _____

I hereby certify that I am authorized to make this application and that I follow New York State Fire Code 319.1 – 319.10.3

PRINT NAME _____

SIGNATURE _____

DATE _____