



Mobile Food Unit Application

Notice:

- 1. This permit is optional and serves only as proof of a fire code inspection. It does not serve as an inspection for the United States Department of Transportation, Tennessee Department of Transportation, Tennessee Department of Health, or any locally required non-fire code inspection.
2. The permit is only for the vehicle and equipment therein. It is not an approval of the location of the vehicle or that it meets local requirements for operation location.
3. The permit expires one (1) year after issuance.
4. The permit becomes invalid if the cooking equipment changes and alters the fuels, fire suppression system, hood requirements, or other safety requirements.
5. A copy of the menu must be included with this application.
6. Documentation of a fire extinguisher, fire suppression service, and hood inspection and cleaning must be available at the inspection. Failure to provide necessary documentation will result in a failed inspection.

Business Name: _____ Date of Application: _____

Type of Cooking: (check all that apply)

- Deep Frying, Warming Pre-Cooked Meats, Cooking Raw Meats, Cooking Vegetables in Oil or Butter, Pizza Baking, Stir Frying, Baking, Boiling, Cooking Batter in Oil or Butter, Smoking, Pressure Cooking, Other: _____

Cooking Equipment: (check all that apply)

- Griddle, Grill, Oven, Range, Deep Fryer, Salamander, Broiler, Pizza Oven, Steaming Equipment, Conveyor Oven, Skillet, Pressure Cooker, Other: _____

Cooking Fuel: (check all that apply)

- Electric, Propane or other flammable gas, Solid Fuel (charcoal, wood, etc.), Other: _____

Other Equipment: (check all that apply)

- Generator, Fire suppression system, Type 1 Kitchen Hood (smoke and grease laden vapors), Type 2 Kitchen Hood (other purposes such as steaming, boiling, or dishwashing)



State of Tennessee
Mobile Food Unit Application

Anticipated County(s) of Operation:

Vehicle License Plate Number: _____ VIN: _____

Owners Information

President / Owner(s) Name: _____

Street Address:

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number(s): _____

Operator's Information (if different than Owner)

Operator's Name: _____

Street Address:

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number(s): _____

Location of Operation

The unit will remain at a permanent location. If so, provide the address below:

Street Address:

City: _____ Zip: _____

The unit will move to various locations

Preferred Region for Inspection: West Middle East



CERTIFICATION

I certify that the information provided herein to the State Fire Marshal’s Office is accurate and complete. I understand that I shall immediately notify the Tennessee State Fire Marshal’s Office if any changes are made to the information in this application.

Signature of Applicant

Printed Name of Applicant

Date

RESERVED FOR OFFICIAL USE

Annual Permit (\$300) card check certified funds other (_____)

Re-inspect Fee (\$150) card check certified funds other (_____)

This application is **approved** **denied**

Permit Number: _____

Issue Date: _____

Expiration Date: _____

Approved the _____ day of _____, 20__

Department Signature