



Town of Islip  
Division of Fire Prevention  
**Office of the Fire Marshal**

24 Nassau Ave, Islip NY 11751  
Phone: (631)224-5477 Fax: (631)224-5458

Office Use - Received Date

## Mobile Food Preparation Vehicle Permit

### General Submission Requirements

1. Proof of valid vehicle registration
2. Proof of valid vehicle inspection
3. Proof of valid vehicle insurance

### Fee Schedule (Includes review & vehicle inspection)

Mobile Food Preparation Vehicle	\$50.00	1 Year
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### For Office Use Only

Tax Map# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Receipt# \_\_\_\_\_

Approved Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Approved By: \_\_\_\_\_

### Physical Location of Food Truck (when in operation)

Address: \_\_\_\_\_

### Business / Owner Information

Mobile Food Preparation Vehicle Name: \_\_\_\_\_

Business/Owner: \_\_\_\_\_

Corp. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Vehicle Information

Type of Vehicle: Truck Trailer Other: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Registration State: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

License Plate#: \_\_\_\_\_ VIN: \_\_\_\_\_

### Food Preparation Information

1. Was the vehicle originally manufactured for food production? Yes No - If no, year vehicle was converted \_\_\_\_\_

2 Does the vehicle have a valid Town of Islip peddlers permit? No Yes - If yes, Valid Permit Number: \_\_\_\_\_

3.Does the vehicle have an extinguishing system installed? No Yes - If yes date of last inspection: \_\_\_\_\_

4. Does the vehicle have an exhause system installed? No Yes - If yes date of last inspection: \_\_\_\_\_

5. Type of fuel utilized for cooking: Propane Electric Compressed Natural Gas Other: \_\_\_\_\_

### Affirmations

\_\_\_\_\_  
Signature of the Vehicle **Owner**

Notary Stamp & Signature

False statements made on this form are punishable as a class A misdemeanor pursuant to section 210.45 of the NYS Penal Law.