



Department of Fire & Emergency Services

Office of the Fire Marshal

75 Masonic Avenue, Wallingford, CT 06492

(203) 294 – 2766

firemarshal@wallingfordfd.com



FOOD TRUCK PERMIT APPLICATION

Permission shall be granted to the below named party to operate a Food Truck, per the constraints of this permit, and the current edition of the Connecticut Fire Prevention Code.

Permit # _____

Date of Issue: _____

Expiration Date: _____

Responsible Party

Responsible Party Name: _____

Responsible Party Address: _____

Street Address

City

State

Zip

Emergency Contact: _____

Phone Number: _____

Cell: _____

Email: _____

DL# _____

Food Truck Name

Food Truck/Business Name: _____

Vehicle Type, Make, Model, Year: _____

License Plate # _____

VIN# _____

Any inspection shall be conducted on the day of the event and/or annually.

This permit shall be clearly posted in a conspicuous place, or as mandated by the Fire Marshal.