

# APPLICATION FOR PERMIT

## LOCATION INFORMATION

MUNICIPAL CODE:		REGISTRATION #:
NAME:		STREET ADDRESS:
MUNICIPALITY:		COUNTY:
STATE:	ZIP CODE:	AREA CODE & PHONE #:

## APPLICANT INFORMATION

APPLICANT'S NAME:		APPLICANT'S HOME STREET ADDRESS:	
MUNICIPALITY:		COUNTY:	
STATE:	ZIP CODE:	PHONE #:	FAX #:

- Permit requested for following date(s) : \_\_\_\_\_
- Permit requested for one year - Expiration Date: \_\_\_\_\_

**NOTE: Attach additional signed sheet if space is insufficient**

The above named applicant hereby requests permission to conduct the following activity at the above location:

FOOD VENDOR

And / or for the storage, occupancy, use, sale, handling or manufacturing of the following:

PROPANE / OPEN FLAME

State quantities and method for each category or material to be stored or used:

I hereby acknowledge that the information given is correct, and agree to comply with the applicable requirements of the New Jersey Uniform Fire Code as well as any specific conditions imposed, and, if not, this permit may be revoked and I will be subject to penalties as provided by law.

Applicant's Signature

Title

Date

MAKE CHECK PAYABLE TO GLASSBORO BUREAU OF FIRE AND MAIL TO:  
10 S. POPLAR ST  
GLASSBORO, N-J. 08028

## FOR OFFICIAL USE ONLY

Permit Type: <u>1</u>	<input type="checkbox"/> Conditions Imposed	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved pending payment of \$ _____	Fee **
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5:71-3.7(b)12.

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Fire Official Signature

*See reverse side for information concerning your administrative appeal rights*