



MENDON BOARD OF HEALTH
Food Truck's Inspection Application



REQUIREMENTS

- Fill out all Relevant information on the Food Truck Inspection Application form
- **Fill out** Food Truck - Propane Storage Permit application ***IF*** Propane storage is over 42lbs and Propane tanks are NOT affixed (welded) to the truck.
- **If Propane storage is over 42lbs and Propane tanks are NOT affixed (welded) to the truck,** call FIRE PREVENTION to schedule your inspection. (508) 473-5330
- If Propane Tank Permit is required, you must bring payment of \$25 - cash or check (payable to the *Town of Mendon*)

PLEASE BE ON TIME and BRING ALL ITEMS TO YOUR INSPECTION AT:

MENDON FIRE DEPARTMENT
8 MORRISON DRIVE
MENDON, MA 01756

Park your Truck near the back door of the Fire Station and
bring your paperwork (and payment) in upon arrival.

Please call Fire Prevention at (508) 473-5330 to determine if you are able to submit your payment and application ahead of time (via email or mail) to lessen your wait time during/after inspection.



MENDON BOARD OF HEALTH



This is a PDF- fill-in form

Food Truck Inspection Application

FOOD TRUCK
APPLICATION

Food Truck Permit Number: MFE

FOOD TRUCK
APPLICATION

1. Tell us about your Company:

2. Tell us about your vending truck:

Company

Registration
Date:

Plate #:

Address:

Do you use Propane?*

Where is your tank located?

of tanks:

Tanks Size(s):

Truck
Contact:

#

Street

City

State

Zip Code

Yes

No

Do you have a Generator?

Where's the generator?

What fuels your generator?

Yes

No

* I acknowledge I have read and understand that I **must** obtain, and pay the appropriate fee, for a Mendon FD Propane Tank Permit if my food Truck has **42 or more lbs** of propane in the **aggregate**, **NOT** permanently attached to the vehicle.

Company's Phone Number:

Email address:

Food Truck Contact's Phone Number:

Company Website:

3. Tell us where you are vending in Mendon:

Address where you are vending:

Date of Event:

S

M

T

W

Th

F

S

Times:

Building Contact:

Contact Number:

** by entering my name in the signature section of this application and by checking this box I accept & acknowledge that my typed name serves as a signature by authorized agent.

Applicant **

Date

BOARD OF HEALTH USE ONLY

Extinguishers:

Yes

No

K /Restaurant Extinguisher
ABC/Other Extinguisher
All properly mounted/secured

Tag Date:

Tag Date:

Notes:

Hood :

Hood Company Name:

Date Inspected:

Next Due:

Ansul System:

Ansul Company Name:

Date Inspected:

Next Due:

PROPANE

Yes

No

Was a Propane permit # issued:

Is there Propane on the Truck?

Is Qty less than 42 lbs?

Are tanks affixed to Truck?

Tanks Properly Secured:

Propane lines in good condition:

Permit # MFE

Notes:

Informed Food Truck Rep that all propane tanks should be shut off while vehicle is being driven & that all fittings should be checked each time during set up before vending commences

Authority Signature

Date