

APPLICATION FOR OPERATIONAL PERMIT

(IFC 105.1.2-A)

FOOD VENDOR OR CRAFT VENDOR USING OPEN FLAME DEVICE

Return to Fire Marshal's Office

3030 78th Avenue SE, Mercer Island, WA 98040 Fax: 206-275-7970 E-mail: Fire_Marshal@merceisland.gov

Event Type:
Date(s) of event: Type of Cover: Food Truck Tent Canopy Open Air Proposed Operation (check applicable operation below): Amusement building (105.6.2) Compressed Gas: storage, use or handling (105.6.8) Use of open-flameor exposed flame (3104.7) Hot work operations, welding, cutting, glass blowing or melting, metal crafting (105.6.23) Carnival and fairs (105.6.4) Use of a tent (105.6.43)- Required for tents over 400 sq/ft only Exhibitions or trade show (105.6.13) LP-gas use (3104.16) Open outdoor burning (105.6.30) Open flames and torches in hazardous fire area (105.6.31) Open flames and candles in connection with an assembly area (105.6.32) Deep fryer (outside) (Class K, 1.5 gallon wet chemical extinguisher is required with current inspectic tag) Deep fryer (well frying) in travel trailer or motor home. Class 1 hood with wet chemical extinguishir system is REQUIRED. Current inspection and cleaning certification is required. Wok Frying (outside) (Class K, 1.5 gallon wet chemical extinguisher is required with current inspectit tag) Wok frying in travel trailer or motor home. Class 1 kitchen hood with wet chemical extinguishing sy
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Describe your use of flame or heat source (if applicable):



APPLICATION FOR OPERATIONAL PERMIT

(IFC 105.1.2-A)

FOOD VENDOR OR CRAFT VENDOR USING OPEN FLAME DEVICE

Name of Business:			
Responsible Party:			
Business License:			
Address:			
City:	State:	Zip:	
E-Mail Address:			
Cell Number:			
UNDER PENALTY OF INTENTIONAL MIS made this application and it is true as operation as described in compliance given authorization from the property firmed hereon forms a basis for the a connection therewith shall not be con- tion of any applicable ordinance or to a I understand that by applying for this per property by inspectors of the authority has normal business hours for the duration of	and correct to the best of my kn with all provisions of the appli y owner to obtain this permit. It issuance of the permit herein a estrued to permit any operation excuse the owner or his or her se rmit, I am consenting to the inspe- aving jurisdiction for the purpose of	nowledge and belief. I agree to pericable ordinances. If applicable, I is realize that the information that I is pplied for and approval of the operation said premises or use thereof successors in title from complying the cition of this property and to the entry	rform the have been I have af- eration in in in viola- therewith.
Responsible Party Signature	Printed Name	Date	
	For Fire Department Use Only:		
Application Number: Permit Numb	ber: Permit Fee:	Date Received:	
Revisions Received:			
Permit Required: No Permit Re	equired:		