

Charter Township of Clinton
Department of

FIRE - RESCUE - EMS

42601 ROMEO PLANK CLINTON TOWNSHIP, MICHIGAN 48038

Telephone: 586-263-8437 Fax: 586-263-8004

MOBILE FOOD VEHICLE INSPECTION APPLICATION

PERMIT ID # _____
(Office Use)

DATE _____ MOBILE FOOD COMPANY _____
(COMPANY NAME)

NAME _____ ADDRESS _____
(APPLICANT'S NAME) (COMPANY ADDRESS)

CITY/TWP _____ STATE _____ ZIP _____ PHONE _____

VEHICLE TYPE TRUCK _____ TRAILER _____
(LICENSE PLATE) (LICENSE PLATE)

BUSINESS/EVENT AFFILIATION _____
(TOWNSHIP BUSINESS IF KNOWN)

MOBILE FOOD VEHICLE INSPECTION

\$75 MOBILE FOOD PREPARATION VEHICLE INSPECTION

\$50 MOBILE FOOD PREPARATION VEHICLE RENEWAL

TOTAL FIRE PREVENTION FEES - \$ _____
(Payable at time of inspection)

PROCESSED BY _____ APPROVED _____ DATE _____
FIRE MARSHAL

REQUIRED DOCUMENTATION

SUBMIT WITH THIS COMPLETED APPLICATION THE FOLLOWING:

- Copy of current Macomb County Health Department Mobile Food Vendor Permit
- Copy of Certificate of Insurance
- Copy of current Hood Suppression Inspection Certification (if applicable)
- Copy of current D.O.T. Inspection of Fuel Gas Delivery System (if applicable)