



**TOWN OF
THOMPSON**
Office of the Fire Marshal

815 Riverside Drive
P.O. Box 899
North Grosvenordale, CT 06255
Office: 860-923-9002 Cell: 860-961-6299
www.thompsonct.org
James Seney Jr., Fire Marshal
Costantino Galasso, Deputy Fire Marshal

Office of the Fire Marshal

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 International Fire Code.

License Plate # _____

DL# _____

VIN _____

PERMIT NUMBER: _ _ _ _ _

DATE OF ISSUE: _____

EXPIRATION DATE: _____

Fire Marshal: _____

Responsible Party

Responsible Party Name: _____

Responsible Party Address: _____

Street Address

City

State

Zip

Emergency Contact: _____

Phone Number: _____ Mobile/Cell: _____

Food Truck Name

Food Truck/Business Name: _____

Vehicle Type, Make, Model, Year: _____

A list of operational requirements shall be given to the applicant. Any inspection shall be conducted on the day of the event.

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