

## HIGH RIDGE FIRE PROTECTION DISTRICT

2842 HIGH RIDGE BLVD. HIGH RIDGE, MO 63049 PHONE: 636-677-3371

## **FOOD TRUCK USE PERMIT APPLICATION**

DATE:				
Business Name:	·			
Business Address:				
Business Email Address:				
City :	_ Zip Code:		Phone:	
Type of Business:				
Owner/ Manager Name:				
Owner / Manager Home Address:				
City:	Zip Code:		Phone:	
Food Truck Location (S) and Date	(S):			
	EMERG	GENCY CONTACT		
1st Alternate:				
2nd Alternate:		Phone:		
TO AN INSPECTION OF THE ABOVE PRIOR TO OCCUPANCY/USE OF AE AND ORDINANCES ADOPTED BY TH OCCUPANCY PERMIT TO BE REVO- INSPECTOR/FIRE MARHSAL. UPON SHALL SCHEDULE AN INSPECTION	FIRE PROTECTION DISTRICE MENTIONED COMMERCIAL BOVE NAMED OCCUPANCY. HE HIGH RIDGE FIRE PROTE KED.OCCUPANCY INSPECTION PAYMENT AND RECEPTION FOR THE NEXT AVAILABLE	CT. I UNDERSTAND TO PROPERTY AND TO I FURTHER UNDERS ECTION DISTRICT W IONS SHALL BE CON I OF THE PERMIT AND DAY.	THAT OCCUPANG HAT ANY VIOLAT STAND THAT AN ILL RESULT IN T NDUCTED UPON PPLICATION AND	CY/USE WILL NOT BE GRANTED PRIOR FIONS FOUND WILL BE CORRECTED Y NON-COMPLIANCE TO THE CODES HE OCCUPANCY APPLICATION AND SCHEDULING WITH THE FIRE DISTRICT
Signature of Applicant:			_ Date:	
OFFICE USE ONLY				
Fee:	Received By :		Date:	Permit #
Payment Type: Cash	Credit Check#	Receipt Nu	mber:	
Approved By:		Date:		
Remarks and Conditions				