



Gilford Fire-Rescue

Phone (603)527-4758 Fax (603)527-4763
APPLICATION FOR MOBILE COOKING OPERATION

Vendor Permit also required from Planning & Land Use Office

Application is hereby made in accordance with the provisions of NFPA 1 Fire Code, Town of Gilford Fire Prevention Code, Saf-C 6000 State Fire Code and regulations made under authority thereof by the undersigned for a permit to operate a mobile food cooking concession, for the person or persons named herein, certain equipment for installation, location, performance of ventilation and fire protection systems and their components as described below.

Business Name: _____

Contact Name: _____ Contact Phone: _____

Business Mailing Address: _____

Email: _____

Type of Concession: _____

Inspection Site Address: _____

FARMER'S MARKET, TENTS AND SIMILAR SITUATIONS

- All cooking equipment that does not create grease laden vapors shall have a minimum of (1) 5 pound or 2A10BC minimum rated multi-purpose dry chemical extinguishers readily accessible to the operator.
- All Cooking equipment that creates grease laden vapors shall have a minimum of (1) 6 liter Class K fire extinguisher.

MOBILE OR TEMPORARY COOKING OPERATIONS

- Mobile or temporary concessions such as trucks, buses or trailers shall be required to have an inspection and operational permit issued by Gilford Fire-Rescue to operate in the Town of Gilford. The permit to operate shall be valid for one (1) year from the date of approved inspection unless sooner revoked.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

This application is made with full knowledge of the current regulations governing such installations, which will be made in compliance therewith. By affixing my signature to this permit application, I agree that all work done by myself or others under my supervision shall be completed in compliance to all applicable code(s), Town of Gilford Ordinances and the manufacturer's installation instructions. Applicant responsible to schedule inspection(s). Permit expires 1 year from issue date.

Notes:

Final Inspection **APPROVED:** Inspector: _____ Date/Time: _____

Office Use Only

Issued By: _____ Date Received: _____ ER: _____
Revised: June/2021