



**BRICK TOWNSHIP BUREAU OF FIRE SAFETY**

253 Brick Boulevard, 2<sup>nd</sup> Floor  
Brick Township, NJ 08723  
(732) 458-4100 FAX (732) 458-4153  
Email [bureau@brickfire.org](mailto:bureau@brickfire.org)  
Website [www.brickfire.org](http://www.brickfire.org)

**FOOD VENDOR PERMIT APPLICATION**

Any questions regarding this application, please call 732-458-4100. Specific requirements for your permit should be discussed with the Bureau staff and/or Fire Inspector. Permit application must be submitted at least 10 days prior to the event.

**VENDOR NAME & LICENSE PLATE #**

(Please list all trucks/plate #'s if multiple)

\_\_\_\_\_

**PERMIT LOCATION(S) & DATE(S)**

\_\_\_\_\_

**APPLICANT INFORMATION**

*The below named applicant hereby requests permission to conduct the permit type and activity at the above location:*

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

**FIRE PROTECTION INFORMATION**

Fire Extinguisher Type & Test Date: \_\_\_\_\_

Cooking Suppression Date & Company: \_\_\_\_\_

**\*\* PLEASE ALSO INCLUDE COPY OF SUPPRESSION REPORT (IF APPLICABLE) \*\***

*I hereby acknowledge that the information given is correct, and agree to comply with the applicable requirements of the fire code as well as any specific conditions imposed, and, if not, the permit will be revoked and I will be subject to penalties as provided by law. This application does not constitute permission without an issued approval from the Township and Brick Bureau of Fire Safety and all fees must be paid prior to the permit being issued.*

Applicant's Signature \_\_\_\_\_ Submittal Date \_\_\_\_\_

Checks are made out to: Brick Bureau of Fire Safety, 253 Brick Blvd., Brick, NJ 08723