



TOWN OF BABYLON

DIVISION OF FIRE PREVENTION
281 PHELPS LANE, ROOM # 303
NORTH BABYLON, NEW YORK 11703
TEL: (631) 893-2153 • FAX: (631) 893-2162
EMAIL: BABYLONFIREMARSHAL@TOWNOFBABYLONNY.GOV



FIRE PREVENTION FORM F

Operational Permit Application

Application is hereby made for a MOBILE FOOD PREPARATION VEHICLE PERMIT in accordance with the Fire Prevention Code of the Town of Babylon, for one (1) Mobile Food Preparation Vehicle



Office Use Only

Permit #: _____

Required Fee: \$ _____

CTM: _____

Fire District: _____

Receipt #: _____ Check Cash

Only Original Documents Accepted – No Copies!
Make Checks Out to: Town of Babylon Division of Fire Prevention

PERMITTED VEHICLE INFORMATION		
VEHICLE NAME:		
CUISINE TYPE:		
VEHICLE FUEL: GAS DIESEL ELECTRIC OTHER _____		
COOKING FUEL: PROPANE(LPG) ELECTRIC NATURAL GAS(CNG) OTHER _____		
ELECTRIC: GENERATOR- EXTERNAL / ONBOARD VEHICLE INTEGRATED OTHER _____		
OWNERSHIP: ORIGINAL OWNER SUBSEQUENT OWNER		
VEHICLE: NEWLY CONSTRUCTED USED: AS-IS RENOVATED REPURPOSED		
VEHICLE TYPE: TRUCK TRAILER FOOD CART OTHER _____		
MAKE:	MODEL:	YEAR:
LICENSE PLATE#:	STATE:	VIN#:

BUSINESS INFORMATION
BUSINESS OWNER:
CORP. NAME:
OWNER/CORP. ADDRESS:
OWNER/CORP. PHONE #:
OWNER/CORP. FAX:
OWNER/CORP. E-MAIL:

SYSTEMS

HOOD & DUCT SYSTEM: NO YES – DATE LAST SERVICED/CLEANED _____
FIXED FIRE SUPPRESSION SYSTEM: NO YES – DATE LAST SERVICED _____

GAS SYSTEMS

NUMBER OF LPG/CNG TANKS: _____	SIZE OF TANK(S): _____
MANUFACTURE DATE OF TANK(S): _____	DATE OF LAST HYDROSTATIC TEST(S): _____
LOCATION OF TANK(S): _____	
VEHICLE IMPACT PROTECTION: _____	
DATE OF LAST PRESSURE TEST: _____	DATE OF LAST LEAK DETECTION TEST: _____

DETECTION / MONITORING

CARBON MONOXIDE	INSTALLED? YES NO	DATE OF MFQ.:
GAS	INSTALLED? YES NO	DATE OF MFQ.:

FIRE EXTINGUISHERS

TYPE:	SIZE:	QUANTITY:	LAST SERVICE:
TYPE:	SIZE:	QUANTITY:	LAST SERVICE:
TYPE:	SIZE:	QUANTITY:	LAST SERVICE:

LICENSES

SC HEALTH DEPARTMENT	LICENSE #	ISSUE DATE:	EXP DATE:
TOB TOWN CLERK	LICENSE #	ISSUE DATE:	EXP DATE:
	LICENSE #	ISSUE DATE:	EXP DATE:

OPERATION

LOCATION: _____	DATES: _____
LOCATION: _____	DATES: _____
LOCATION: _____	DATES: _____

EMERGENCY CONTACTS	
CONTACT PERSON:	PHONE #:
ALTERNATE:	PHONE #:

INCLUDE WITH APPLICATION FORM (as applicable):

Proof of up-to-date hood & duct and suppression system inspections, Proof of up to date Pressure Test, list of projected vending locations with notarized property owner approval (Non Festival Events), DOH certificate, Town Clerk permit, vehicle/trailer title, , Supplemental FM Forms



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FIRE PREVENTION FORM F - 1

Operational Permit Application Supplement – Exterior Dimensions

Mark out the Exterior dimensions of your vehicle and its protrusions.

Include any additional set up including but not limited to tables, tents, awnings/canopies and decorations

If layout varies, multiple forms may need to be submitted. Inaccuracy of layout may result in revocation of permit.

Vehicle Dimensions ____ x ____ Set Up Dimensions ____ x ____

Vehicle Name: _____

See reverse for sample



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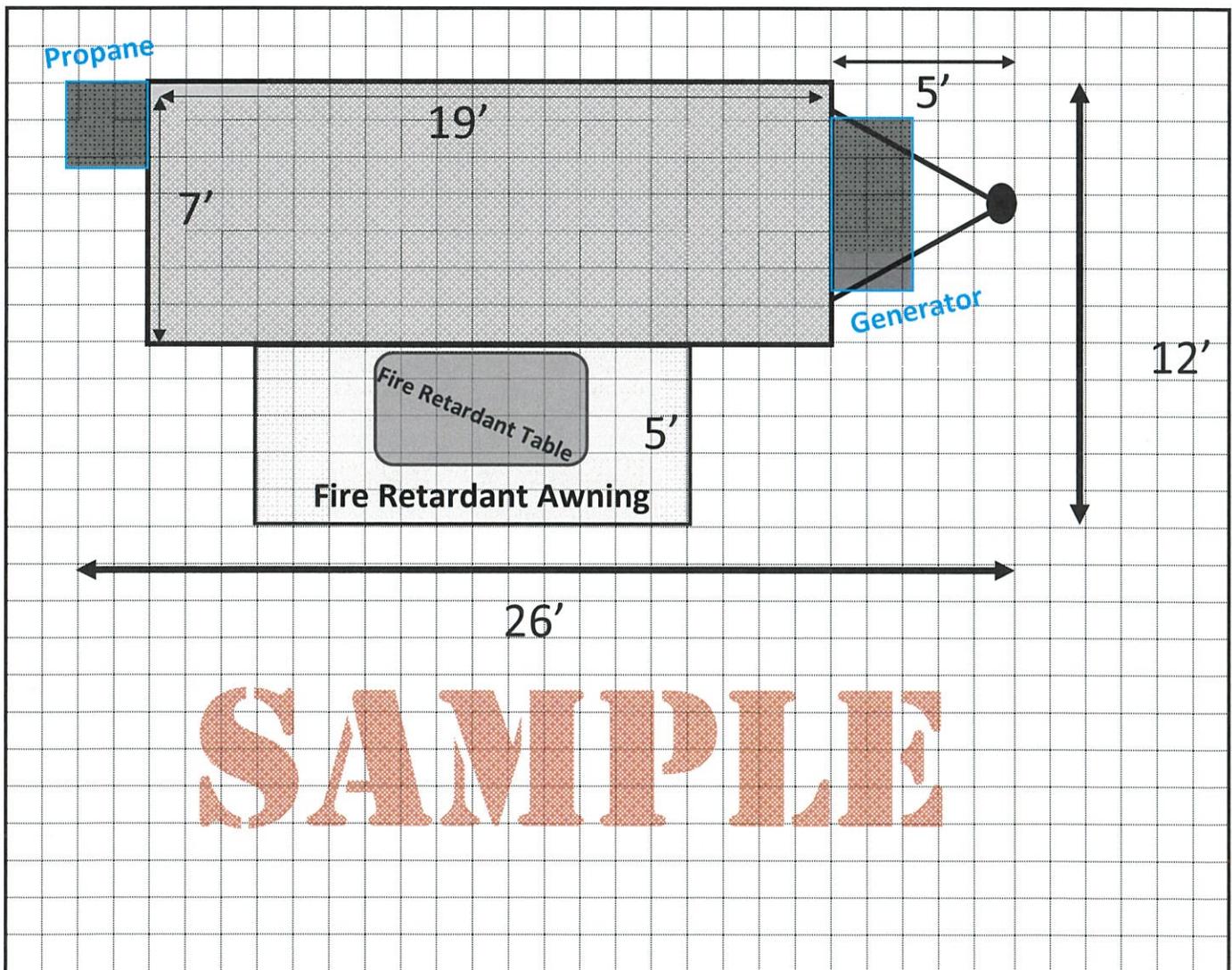
FIRE PREVENTION FORM F – 1 (SAMPLE)

Operational Permit Application Supplement – Exterior Dimensions

Mark out the Exterior dimensions of your vehicle and its protrusions.

Include any additional set up including but not limited to tables, tents, awnings/canopies and decorations

If layout varies, multiple forms may need to be submitted. Inaccuracy of layout may result in revocation of permit.



Vehicle Dimensions: 26' x 7'

Set Up Dimensions: 26' x 12'

Vehicle Name: ABC's Kitchen Food Truck



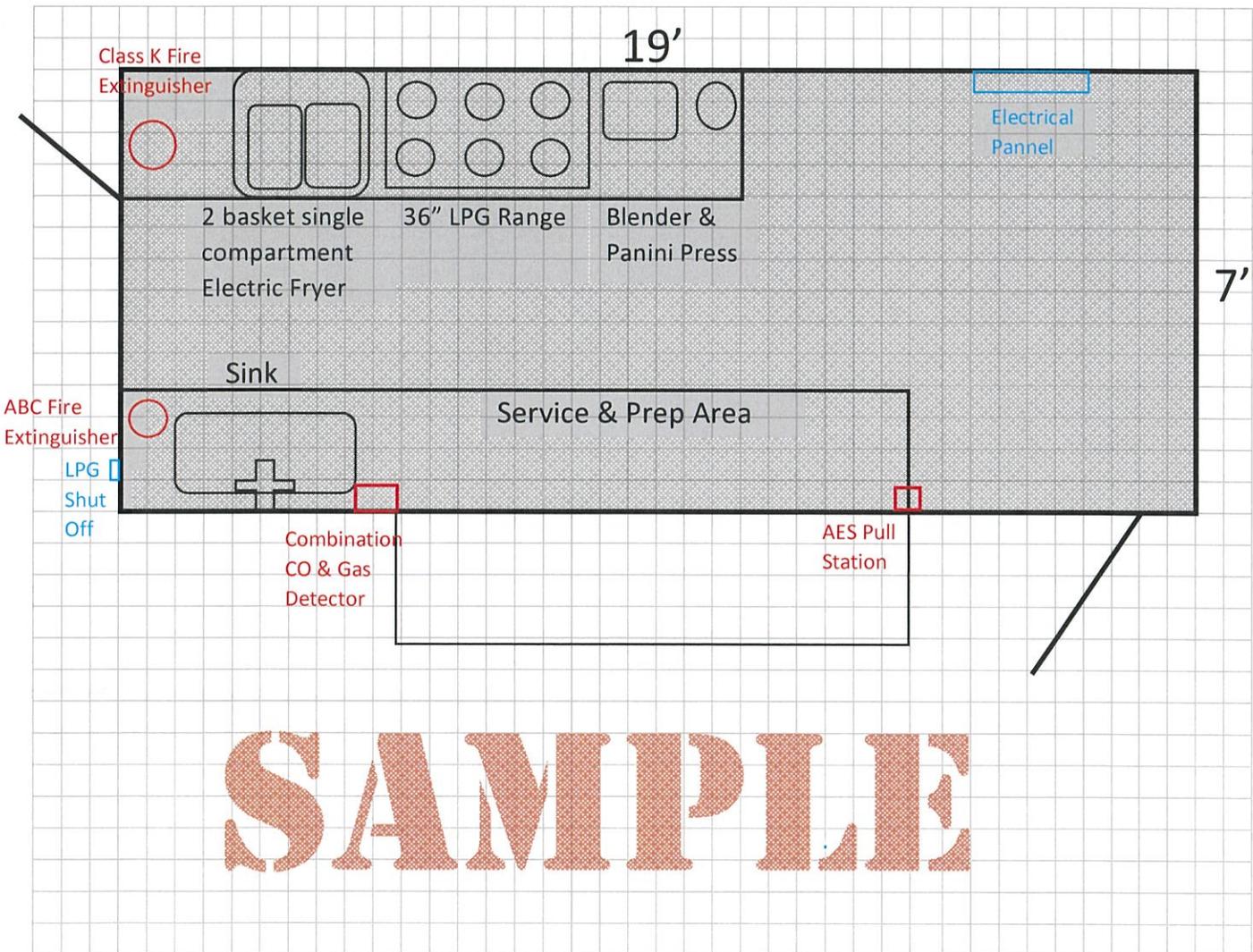
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FIRE PREVENTION FORM F – 2 (SAMPLE)
Operational Permit Application Supplement – Interior Dimensions

Mark out the Interior dimensions of your vehicle and its equipment.
Include set up including but not limited to cooking equipment, fire protection equipment, exits and utility shutoffs. *Inaccuracy of layout may result in revocation or denial of permit.*



SAMPLE

Vehicle Dimensions: 26' x 7'

Interior Dimensions: 19' x 7'

Vehicle Name: ABC's Kitchen Food Truck



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FIRE PREVENTION FORM F - 3 Employee Emergency Training

List the First & Last Name of Each Employee and which skills they have been trained in.

If training varies, multiple forms may need to be submitted. Employees unable to accurately answer questions related to each topic indicated may result in revocation of permit.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check all that Apply

- | | |
|---|--|
| <input type="checkbox"/> Activation of AES System | <input type="checkbox"/> Calling direct for Fire/EMS (other than 911) |
| <input type="checkbox"/> Choosing a Fire Extinguisher | <input type="checkbox"/> Amityville |
| <input type="checkbox"/> Use of ABC Fire Extinguisher | <input type="checkbox"/> Babylon |
| <input type="checkbox"/> Use of Class K Fire Extinguisher | <input type="checkbox"/> Copiague |
| <input type="checkbox"/> Shut off of Electricity | <input type="checkbox"/> Deer Park |
| <input type="checkbox"/> Shut off of LPG | <input type="checkbox"/> East Farmingdale |
| <input type="checkbox"/> Shut off of Natural Gas | <input type="checkbox"/> Lindenhurst |
| <input type="checkbox"/> Refueling of Generator | <input type="checkbox"/> North Amityville |
| <input type="checkbox"/> Storage of Spare Fuel | <input type="checkbox"/> North Babylon |
| <input type="checkbox"/> Leak Detection | <input type="checkbox"/> North Lindenhurst |
| <input type="checkbox"/> Swapping LPG Tanks | <input type="checkbox"/> West Babylon |
| | <input type="checkbox"/> Wyandanch |
| | <input type="checkbox"/> Fuel Spill Mitigation |
| | <input type="checkbox"/> Securing the Vehicle |
| | <input type="checkbox"/> Required Safety Distances for vehicle Parking |

I _____ certify that the above listed employees have been trained and/or certified in completing the above indicated tasks in a manner that the above listed employees are capable of understanding. To the best of my knowledge, these employees understand how to, and are capable of operating in a safe manor and if an emergency were to occur, they have the knowledge and capacity to act in an appropriate manner to ensure the safety of themselves and others.

Dated: _____
Sworn to before me this _____
Day of _____, 20_____

Notary Public



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FIRE PREVENTION FORM F - REFERENCE SHEET

This document is to be utilized as a guide for the filling out of Fire Prevention Form F

Permitted Vehicle Information

- Vehicle Name is the DBA or the Name that is or would be written on the side of the vehicle. Include any identifier if there is more than one vehicle (Ex. ABC Food the 3rd, XYZ mobile 1)
- Cuisine type: What do you cook? (Ex: BBQ, American, Fried, Italian, Seafood)
- Vehicle Fuel: Circle one or write in. Put N/A if vehicle is not self-propelled
- Cooking Fuel: Circle the fuel for your cooking appliances or write in
- Electric: How is electricity supplied to your vehicle?
 - Generator External – Stand alone generator not mounted to vehicle
 - Generator Onboard – Stand alone generator mounted to vehicle
 - Vehicle Integrated – Vehicle supplies power/generator is built in
 - Other – write in (ie. Shore line/venue supplied power, etc)
- Ownership
 - Original Owner – You are the first person to own this vehicle (bought stock from dealer or custom build)
 - Subsequent owner – Someone had this vehicle prior to you, regardless of use
- Vehicle
 - Newly Constructed – Bought stock or custom built. Vehicle was not used as a MFPV by any other person and was not used for any other purpose prior to purchase/obtaining
 - Used As-Is – Bought from someone else using vehicle as MFPV, no changes made
 - Used Renovated - Bought from someone else using vehicle as MFPV, changes made to vehicle after purchase
 - Used Repurposed – Bought vehicle as something other than MFPV. Changed into MFPV (old bus, RV, work trailer, box truck, etc.)
- Vehicle Type: Circle one
- Make, Model, Year, License Plate, State, VIN#: Fill in as in on appropriate paperwork

Business Information

- Business Owner – Owners Name
- Corp Name – Name of Your LLC or Corporation or ownership information (sole proprietorship/partnership), etc
- Owner/Corp Address – Where are you based out of/ Where can we send you mail?
- Owner/corp phone #, fax, email - How can we contact you? (only fax is optional)

Systems

- Hood & Duct System (FCNY 4106.3-4106.4.1)
 - Circle Yes if you have a hood system and no if you don't. Most MFPVs are required to have one.
 - Date last serviced/cleaned – All hood and duct systems must be inspected and cleaned every 6 months or sooner depending on usage.
- Fixed Fire Suppression System (FCNYS 4106.4.2)
 - Circle Yes if you have a hood system and no if you don't. Most MFPVs are required to have one.
 - Date last serviced– All fixed fire suppression systems must be inspected every 6 months and serviced annually. The system must be tagged



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Gas Systems

- Number of LPG/CNG Tanks: How many tanks are/can be hooked up to your vehicle?
- Size of Tank(s): Provide the size in lbs (pounds) (Max 200 lbs)
- Manufacture Date of Tanks: Tanks are stamped on the collar with Month 00 and Year 00. Tanks must be less than 10 years old or have a hydrostatic test
- Hydrostatic test date: tanks over 10 years old must have a hydrostatic test date. Timeframe hydrostatic test date is good for depends on test performed (See DOT Requalification Guidance for Propane Cylinders). If less than 10 years old, put N/A
- Location of the Tanks: Where are the tanks mounted? (Rear of Vehicle, Under Vehicle, Front of Trailer, etc)
- Vehicle impact Protection: Tanks must be protected from impact by another vehicle. Describe Protection Utilized (Steel Cage, Extended Pumper, etc)
- Date of last pressure test: gas system from tank connection to cooking appliance must be pressure tested by a licensed plumber annually
- Date of last leak detection test: Simple leak detection must be performed on gas connections prior to operations. A log must be kept on vehicle detailing who performed the test, when the test was performed, and what kind of test was performed

Detection / Monitoring

- Carbon Monoxide: A CO detector must be installed on all MFPVs
- Gas: A device that detects the gas your vehicle uses (LPG, CNG, Etc.) must be installed on your MFPV. (If all electric, circle No)

Fire Extinguishers

- ABC Extinguishers – All MFPVs must have at least one 2A:10B:C (minimum) fire extinguisher or its equivalent. It must be inspected/tested/tagged annually
- K Extinguishers – Cooking appliances that produce grease laden vapors trigger the need for a Class K fire Extinguisher. At least one 1A:K or 6L (minimum) extinguisher is required per 4 fryers. It must be inspected/tested/tagged annually

Licenses

- SC Health Department: All MFPVs must have a Suffolk County Department of Health Services Permit. Provide Permit ID# and Valid Dates as printed on Permit. For Temporary Permits – put “Temporary” under Permit ID# and the valid dates. Provide copy.
- TOB Town Clerk: Provide Permit ID# and Valid Dates as printed on Permit. Provide copy.

Operation

- Location: Where your Vehicle will be parked for vending operations within the Town of Babylon (Prioritize large events here and small events on notarized forms)
- Dates: When your vehicle will be parked for operations within the Town of Babylon

Emergency Contacts

- Provide contact information for two people.
 - First Name, Last Name, Phone #



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Include With Application

- Proof of up-to-date Hood & Duct inspection: Picture of sticker on Hood or Invoice from Inspecting Company
- Proof of up-to-date Suppression System inspection: Picture of Tag on System or Invoice from inspecting company
- Proof of up-to-date Pressure Test: Letter from Licensed plumber stating:
 - Company name
 - Plumber name
 - Plumber license number
 - Test Details (Pressure, Material, length of time)
 - Findings/repairs
- Vending Locations w/ notarized property owner approval: Provide locations where your vehicle will be operating (outside of large scale events - event coordinator will be responsible). Property owner must sign off on MFPV parking on property to operate. FM Must approve all locations
- DOH Certificate: Submit copy of valid annual or temporary permit from the Suffolk County Department of Health Services
- Town Clerk Permit: Submit copy of valid permit from the Town of Babylon Town Clerks office
- Vehicle/Trailer title – Submit copy of valid title
- Supplemental FM Forms: Fill out and submit the following:
 - MFPV Exterior Dimensions F-1 (Submitted with original application and when altered)
 - MFPV Interior Dimensions F-2 (Submitted with original application and when altered)
 - Employee Safety Training F-3 (Submitted Annually)