

Suwannee County Fire RescueFire Prevention Division

13530 80th Terrace Live Oak, FL 32060 Phone: 386-364-3404

Permit Application for Food Truck/Concessions

VENDOR INFORMATION							
Name:							
Business Name:							
Address:							
City:	State:		Zip:				
Phone:	E-mail:						
On-site Manager							
Name:	Name: Mobile Phone:						
Address:							
City:	City: State: Zip:						
TENT INFORMATION							
Type of Tent: Open Ca	Type of Tent: Open Canopy Canopy						
Placement of Tent: Pavement	Grav	/el	Grass				
Size:							
Rental Company if applicable.							
Name:	City:		State				
Ph# Pr	ojected date for in	spection:					
PROPOSED ACTIVITIES							
Type of Food Sold:							
Circle all items that apply:	ot Food served	Cooking Onsite	Sterno	Cassette Feu			
	dle/Open Flame	Fryers	Propane ons	ite			
How many lbs. of Propane on site:							
DRAW LAYOUT OF SET UP							



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APPLICATION INFORMATION CONTINUED

I hereby certify that I have read this application and that all information contained herein is true and correct to the best of my knowledge. I agree to comply with all state statues, County ordinances, federal, state, and local regulations which governs special events and tent usage. I certify that I am authorized by the organization named herein to act as it's agent for the herein – described activity. I and the organization on whose behalf I make this application, hereby represent, stipulate, contract, and agree that we jointly and severally indemnify and hold Suwannee County harmless against all liability, including court costs and attorney fees, for any and all claims for damage to property, or injury to or death of persons arising out of or resulting from issuance of the permit or the conduct or the activity of which it was issued for and the actions or failure to act on the part of the applicant's representatives, employees, agents, servants, ascites, invitees, or any persons connected to the applicant.

connected to the applicant.					
SIGNATURE					
Signature:					
Name (printed or typed):					
Title (printed or typed):					
FIRE OFFICIAL USE ONLY BELOW THIS LINE					
Fire Department:	Approved	Disapproved			
Fire Official's Representative:		Date			
Reviewer's comments/required ed	ιμipment.				

INSTRUCTIONS:

- 1. Incomplete applications will be returned unprocessed.
- 2. Applications are to be submitted 10 days before the event.
- 3. The application shall include detailed drawings of the display layout.
- 4. Application shall include proof of Liability Insurance (also known as Declaration).
- 5. Application shall include a Tent Flame Certification that meets NFPA 701 requirements, if applicable.
- 4. Application shall be submitted for a permit with the payment of \$65.00.
- 5. Checks or money orders are to be made payable to **Suwannee County Fire Rescue**.
- 6. Application and payment shall be mailed to 13530 80th Terrace, Live Oak, FL 32060

Documentation and requests for additional information can be e-mailed to prevention@suwcountyfl.gov