



REQUIREMENTS

- Fill out all Relevant information on the Food Truck Inspection Application form
- Fill out Food Truck Propane Storage Permit application if Propane storage is over 42lbs and Propane tanks are NOT affixed (welded) to the truck.
- **CALL** FIRE PREVENTION to schedule your inspection. (781-314-3710)
- If Propane Storage permit is required, you must bring payment of \$25 cash or check (payable to the *City of Waltham*)

PLEASE BE ON TIME and BRING ALL ITEMS TO YOUR INSPECTION AT; WALTHAM FIRE PREVENTION 175 LEXINGTON STREET

WALTHAM, MA 02452

Park your Truck near the back door of the Fire Station and bring your paperwork (and payment) in upon arrival.

Please call Fire Prevention to determine if you are able to submit your payment and application ahead of time (via email or mail) to lessen your wait time during/after inspection.



Waltham Fire Department

This is a PDF- fill-in form

Food Truck Inspection Application



FOOD TRUCK

Food Truck Permit Number: CLA



	1. Tell us about your Company:						2. Tell us about your vending truck:			
	Company					Registration Date:	1	Plate #:		
	Address:	# Street City		State Zip Code		Do you	use Propane?*	Where is your tank located?	# of tanks:	Tanks Size(s):
			City		Zip Code	Yes	No			
	Truck			otate		Do you ha	we a Generator?	Where's the generator?	What fuels your	generator?
	Contact:					Yes	No			
Б	* I acknowledge I have read and understand that I must obtain, and pay the appropriate fee, for a WFD Food Truck Propane Storage Permit if my food Truck has 42 or more lbs of propane in the aggregate , not permanently attached to the vehicle. [The WFD Food Truck Propane Storage Permit Application can be found on the list of permit applications on the Fire Prevention Website]									
atio		Compa	any's Phone Number:					Email address:		
Applicant Information										
Ξ	Food Truck Contact's Phone Number:					Company Website:				
cant										
pli			3.	Tell us	where you a	are vending	; in Waltham:			
A		Address where you are vending:	Date of Eve	nt: S	мтw	Th F S	Times:	Building Contact:	Contact	Number:
	, .	g my name in the signature secti that my typed name serves as a s	on of this application and by checki signature by authorized agent.	ng this box	l accept &					
				Applicant ** Da			ate			

		Fire Depa	rtment Only				
Extinguishers:	Yes No		PROPANE	Yes No	Demoste #	CLA	
K /Restaurant Extinguisher	Tag Date:		Was a Propane permit # issued	:	Permit #	CLA	
ABC/Other Extinguisher	Tag Date:		Is there Propane on the Truck?		Notes:		
All properly mounted/secured	Neters		Is Qty less than 42 lbs?				
t	Notes:		Are tanks affixed to Truck?				
Hood :			Tanks Properly Secured:				
t.			Propane lines in good condition	:			
Hood Company Name:	Date Inspected:	Next Due:					
			Informed Food Truck Rep th	hat all propan	e tanks should be shut	off while vehicle is being driven	
Ansul System:			& that all fittings should be checked each time during set up before vending commences				
Ansul Company Name:	Date Inspected:	Next Due:					
			Auth	ority Signature		Date	





	Violations & Corrective Action Information:	
Violation	Corrective Action Required	
	1220220	
	TOWN	

Follow Up Inspection								
Date:	Location for New Event	Event Contact Name	Contact #	Notes	FP (initials)			
				14TT				
	ŀ							
			CIT					
		105	25045					
			エマン					
			50					