CHARTER TOWNSHIP OF YPSILANTI FIRE DEPARTMENT

FIRE MARSHALL DIVISION

Requires Full Annual Inspection:

Mobile Food Vendor Information Form

222 S. Ford Blvd, Ypsilanti, MI 48197 734-544-4225

l. Business Information						
Name of Mobile Food Servi	ices:			Phone #		
Address:		City:		State:		
Email:	mail:		/ebsite:	State: Zip:		
Brief Description of Mobile	Food Service					
Vendor:						
II. Business Owner Inforn	nation					
First Name:		Last Name:		Mic	ddle Initial:	
Address:		City:		State:	Zip:	
Phone #:		Email:				
Orivers License #:		State:		Expiration Date:		
Date of Birth:				Expiration Date.	•	
III. Vehicle Operator In	formation					
First Name:		Last Name:		Mid	dle Initial:	
Address:		City:		State:	Zip:	
Phone #:		Email:		010.101	<u> </u>	
Orivers License #:		State:		Evaluation Data		
Date of Birth:				Expiration Date) .	
V: Vehicle Information						
Make:		Model:		Year:	Unit#	
Plate #:	Plate Style:	Pl	ate Type:	Expiration	Date:	
√in #:						
Registrant:						
nsurer:		Policy#:	I	Policy Expiration D	ate:	
Γhis Vehicle has the followi	ng fuel and cooking o	perations:				
LPG	CNG(com	CNG(compressed natural gas)		List of Communities that you have a		
Generator	Solar	Solar		current Fire Suppression with:		
Stove	Oven		1.			
Deep Fryer	Solid		2.			
Hood System	Automatio	Automatic Fire Suppression				
V. Ypsilanti Township Fire	Department					
Date Issued:	Location:	Location:		Municipal Permit		
nspection MI FDID:	on MI FDID: Inspector MI CFI:		1	FD Permit #		

YES

NO