



CITY OF CHICAGO  
 CHICAGO FIRE DEPARTMENT  
 FIRE PREVENTION BUREAU  
 MOBILE FOOD VEHICLES (MFV)  
 FIRE SAFETY PERMIT APPLICATION



Applicant and Vehicle information:

MOBILE FOOD VEHICLE SUPPRESSION SYSTEM PLAN REVIEW APPROVAL DATE: \_\_\_\_\_

TASK FORCE (MFV) INSPECTION APPROVAL DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ STATE, CITY, ZIP: \_\_\_\_\_

OCCUPANT: \_\_\_\_\_ DL#: \_\_\_\_\_ ST: \_\_\_\_\_

OCCUPANT ADDRESS: \_\_\_\_\_ STATE, CITY, ZIP: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

IL. STATE CERTIFICATE OF SAFETY #: \_\_\_\_\_ PROJECT#: \_\_\_\_\_

MFV LICENSE PLATE#: \_\_\_\_\_ IL DEPT. REV. ACCOUNT#: \_\_\_\_\_

COMMISSARY /SERVICE LOCATION: \_\_\_\_\_

\*Application Continued on Next Page\*

**Fire Department Use Only:**

FIRE SAFETY PERMIT#: \_\_\_\_\_

Action (select):       Approved                       Declined and Returned with Comments

Signed,

Deputy Fire Commissioner, Fire Prevention Bureau  
 Chicago Fire Department

Date: \_\_\_\_\_



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**PERMIT APPLICATION INSTRUCTIONS**

This permit application should only be filled out AFTER a vehicle passes an in-person safety inspection jointly conducted by the Fire and the Health Departments. Remember, after having your consultation with BACP, the subsequent steps in this process are to submit vehicle plans to the Fire Prevention Bureau, then obtain inspection, and finally submit this form. See also the Chicago Fire Department Mobile Food Vehicle Fire Safety Regulations and Mobile Food Vehicle Inspection Checklist for more information and vehicle specifications. Please add attachments as necessary.

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**Fill out ALL sections below, including any necessary attachments**

- a. Safety Licensing information for all employees that will handle propane LP/CNG:

LP/CNG Safety class was taken on: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

- b. Detailed diagrams {preferably three-dimensional computer-aided drawings} of the propane, natural gas and fire suppression system and vehicle layout from no fewer than four different perspectives, including a top-view layout and an interior cut-away drawing of the food truck equipment mounted along each wall:

Date of Submittal to Health, Fire Prevention: \_\_\_\_\_

- c. Number of Propane tanks: \_\_\_\_\_

Size of Propane tank: \_\_\_\_\_

Location and model of propane tank: \_\_\_\_\_

- d. Number, size, location, year of production, make and model of each propane appliance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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e. Location and model of all electrical equipment:

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Location and size (Amps/Voltage) of In-line generator solidly mounted on the MFV:

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**NOTE: Stand alone or separate fill gasoline powered generators are not permitted on MFVs.**

f. Location, size, make, model and installer of fire suppression system:

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g. Location, size, make, model and installer of exhaust hood:

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h. Location, total CFM output, make, model and installer of ventilation system:

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i. Location and type of all flammable liquids and other fire hazards:

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- j. Picture of vehicle tire and loading placard located within drive/s doorframe and a picture of certified scale ticket for the vehicle obtained from a weigh station as finally configured
  
- k. Name and registration information of manufacturer, including Illinois Dealers License number or comparable registration from another state (including the identity and qualifications of any customizers, up-fitters or second-stage manufacturers that have altered the configuration of the vehicle or consulted in the design process):

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**Note:** If the permit application involves a previously owned vehicle, it must include digital pictures of the propane and fire suppression system and kitchen layout in present working order from no fewer than three angles. It also must include a description of any modifications made to the vehicle since initial licensure and the identity of any second-stage manufacturers involved.

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**FEE PAYMENT:** Please enclose a check/money order for \$100.00 payable to the Chicago Department of Revenue for the issuance of a MFV City of Chicago Fire Safety Permit.

I signify that the above information is complete and correct, and that I have enclosed payment,

Applicant Name {print}: \_\_\_\_\_

Applicant Signature:

Date: \_\_\_\_\_