



405 Jefferson Street, Washington, MO 63090 | 636-390-1000 | [www.washmo.gov](http://www.washmo.gov)

### FOOD TRUCK REGISTRATION PUBLIC SAFETY FORM

Name of business or truck: \_\_\_\_\_

Name of owner and/or operator: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact's e-mail address: \_\_\_\_\_

Business phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Is propane used as fuel for cooking appliances?    Yes    No

If YES, what is the size of Tank 1? \_\_\_\_\_ Tank 2? \_\_\_\_\_

Date of most recent leak test: \_\_\_\_\_ Contractor's name: \_\_\_\_\_

Is Compressed Natural Gas (CNG) used as fuel for cooking equipment?    Yes    No

If YES, what is the date of the most recent container inspection? \_\_\_\_\_

Name of qualified service facility: \_\_\_\_\_

Do you do deep frying or cooking that produces grease laden vapors?    Yes    No

Do you have a commercial hood suppression system?    Yes    No

Date of last suppression test: \_\_\_\_\_ Contractor's name: \_\_\_\_\_

ABC extinguisher service date: \_\_\_\_\_ Contractor's name: \_\_\_\_\_

Class K extinguisher service date: \_\_\_\_\_ Contractor's name: \_\_\_\_\_

City of Washington Vendor's License #: \_\_\_\_\_

Insurance company name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Applicant's name (please print): \_\_\_\_\_ Today's date: \_\_\_\_\_