

PART A – Applicant	
Business Name	Primary Phone:
Primary Business Contact	Email:
Primary Business Address	
Suite/Bay # Building #:	Postal Code:
Business License #	
Type of Vehicle (truck, trailer or cart)	
Fuel Supply of MCO	
Electrical supply	Vehicle powered Inverter <input type="checkbox"/> Portable Gas Generator <input type="checkbox"/> Other
Food Served	

The personal information on this form is being collected for the purposes of this Permit Application under the authority of the *Freedom of Information and Protection of Privacy (FOIPP) Act*, and is protected by the Act. If you have any questions about the information being collected, contact the City of Medicine Hat FOIPP Head @ 403-529-8234.

PART B – Office Use								
Inspection Date: dd/mm/yyyy	FIRE SAFETY PLAN IN PLACE	YES	NO	A Fire Safety Plan must be posted during mobile cooking operations				
Fixed Extinguishing Systems	Yes	No	Propane Systems	Yes	No	Electrical Systems		
Type of System:			Number of Tanks			Generator	Fuel Type	
# of Heads			Size of Tanks			Wattage		
Approved Placement	Yes	No	Tank Installation		Bonding	Vehicle Gas Tank	Yes	No
Separation around fryers	Yes	No	Piping system			Propane System	Yes	No
Hood System	Yes	No	Fastening			Vehicle Chassis	Yes	No
Type of System:			Other:			Other:		

PART C – Office Use			
Occupancy Classification and Approval (Must be displayed in a conspicuous location within the MCO)			
Occupancy Classification	<input checked="" type="checkbox"/> A – Assembly – A2 – Mobile Cooking Operation To ensure compliance with joint standata 14-FCI-003, all Mobile Cooking Operations are considered a restaurant once the vehicle is set up and in operation.		
Approving Authority	Name (Please Print)	Signature	Designation #
Plumbing & Gas			
Ventilation			
Fire Sprinklers			
Electrical			