



## GALLOWAY TOWNSHIP

### OFFICE OF THE FIRE OFFICIAL

300 East Jimmie Leeds Road, Galloway Township, N.J. 08205  
(609) 652-3700 ext.240 Fax (609) 652-5259

**Ron Garbutt**  
Fire Official

### APPLICATION FOR PERMIT

#### LOCATION INFORMATION

MUNICIPAL CODE: 0111		REGISTRATION #	
NAME:		STREET ADDRESS:	
MUNICIPALITY: GALLOWAY		COUNTY: ATLANTIC	
STATE: NEW JERSEY	ZIP CODE:	PHONE: ( ) -	

#### APPLICANT INFORMATION

NAME:		STREET ADDRESS:	
MUNICIPALITY:		COUNTY:	
STATE:	ZIP CODE:	PHONE # ( ) -	FAX #

☐ Permit requested for following date(s): \_\_\_\_\_

☐ Permit requested for one year – Expiration Date: \_\_\_\_\_

**NOTE: ATTACH ADDITIONAL SIGNED SHEET IF SPACE IS INSUFFICIENT**

The above named applicant hereby requests permission to conduct the following activity at the above location:  
**COOKING VENDOR PERMIT**

I hereby acknowledge that the information given is correct, and agree to comply with the applicable requirements of the New Jersey Uniform Fire Code as well as any specific conditions imposed, and, if not, this permit may be revoked and I will be subject to penalties as provided by law.

Applicant's Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

MAKE CHECK PAYABLE TO: GALLOWAY TOWNSHIP

#### FOR OFFICIAL USE ONLY

PERMIT TYPE:

- ☐ APPROVED PENDING PAYMENT OF \$ \$54  
☐ DENIED  
☐ CONDITIONS IMPOSED

\_\_\_\_\_  
Fire Official Signature

*See reverse side for additional information.*