



Fire Department

2160 Santa Barbara Avenue, San Luis Obispo, CA 93401-5240
805.781.7380
slocity.org

*City of San Luis Obispo, Fire Department
2160 Santa Barbara Ave
San Luis Obispo, CA 93401
805-781-7380*

**MOBILE FOOD PREPARATION VEHICLE
PERMIT APPLICATION**

Requesting Party (Name): _____

Business Name: _____

Phone: _____ Email/Fax: _____

License Plate No: _____ VIN: _____

Business Address: _____

*Authority Cited: City of San Luis Obispo Municipal Code 15:04:100 Amendments- California Fire Code.
2019 California Fire Code 105.6.30 Mobile Food Preparation Vehicles
2019 California Fire Code 319 Mobile Food Preparation Vehicles
2019 California Fire Code 607 Commercial Kitchen Hoods
2019 California Fire Code 904 Alternative Automatic Fire Extinguishing Systems*

Provide a brief description of your business operations :

Do you possess a current business license issued from the City of San Luis Obispo?

- Yes
- No



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**MOBILE FOOD PREPARATION VEHICLE
PERMIT APPLICATION (CONTINUED)**

Please answer the following questions regarding food preparation and cooking for your business:

Classification of Food Preparation & Cooking

- Heating and warming of food (no cooking)
- Grill, Cooktop, or Range
- Cooking oil, and or deep fat frying
- Griddle
- Solid Fuel appliance
- Other- Please Specify: _____

Classification of Fuel Source for Food Preparation & Cooking

- Electrical only
- LPG & Propane
- Solid Fuel (Charcoal or wood BBQ)
- Other- Please Specify

Commercial Kitchen Ventilation Systems

- Commercial exhaust hood
- Commercial ventilation system
- Grease filters

Fire Extinguishing Systems Installed inside Mobile Food Preparation Vehicle

- 2A:10 BC Fire Extinguisher
- Class 'K' Fire Extinguisher
- Automatic Fire Extinguishing System

Note: A Type I Commercial Kitchen Exhaust Hood is required to be installed at or above all commercial cooking appliances and domestic appliances used for commercial purposes which produce grease vapors (CFC 607.2). See exemptions.

Submitted By: _____ Date: _____

SLOFD Approved By: _____ Date: _____