



FIRE PREVENTION OPERATIONAL FIRE PERMIT APPLICATION

Business Contact Information *Indicates Required		*Application Date:	
*Business Name:			
Contact Person	Last Name:	First Name:	Position/Title:
*Business Address:			Suite/Unit:
*City:		*State:	*Zip Code:
*Primary Phone:		Cell Phone:	
E-mail:			
<i>Motor Vehicle Food Trucks Only:</i>	<i>License Plate #:</i>	<i>Expiration Date:</i>	
Business Start Date:		Ownership Change? Name of Previous Owner:	
Date of ownership change:		Business Moved? Previous Address:	
Billing Contact:			
*Bill To:		Position/Title:	
Parent Organization Name:			
Primary Phone (If different from above):		Cell Phone:	
*Billing Address:			Suite/Unit:
*City:		*State:	*Zip Code:
Email:			
Check here if you would like to receive future correspondence including invoices, receipts, and permits electronically. All future correspondence will be sent by email only.			

Operational Fire Permits are not transferable. Operational Fire Permits are to be renewed annually. If you stop conducting business at this location, you must notify the Stockton Fire Department, Fire Prevention Division. You must notify Fire Prevention of any changes in business ownership, activity, location, and name.

I understand that permits will be invoiced and failure to pay permit fees will result in a Non-compliance Fee being levied in addition to the required operational fire permit fees. Fees are subject to change.

By signing below, I hereby certify that I have read and understand the terms above, and that under penalty of perjury the information provided on this application is true and correct. I also acknowledge that the City of Stockton has adopted the Fire Code, and the amendments thereof and use of the permit(s) being applied for will conform to accepted standards.

Print Name: _____ Signature: _____ Date: _____

Operational Permits		
Permit Code	Description	Fee
Inspected By:		Date Inspected:

Record Number	Process Date	Processed By	Notes