



HIGH RIDGE FIRE PROTECTION DISTRICT

2842 HIGH RIDGE BLVD. HIGH RIDGE, MO 63049

PHONE: 636-677-3371

FOOD TRUCK USE PERMIT APPLICATION

DATE: _____

Business Name: _____

Business Address: _____

Business Email Address: _____

City : _____ Zip Code: _____ Phone: _____

Type of Business: _____

Owner/ Manager Name: _____

Owner / Manager Home Address: _____

City: _____ Zip Code: _____ Phone: _____

Food Truck Location (S) and Date (S):

EMERGENCY CONTACT

1st Alternate: _____ Phone: _____

2nd Alternate: _____ Phone: _____

I UNDERSTAND THAT THIS IS AN APPLICATION FOR OCCUPANCY AND THAT I WILL OBIDE BY ALL APPLICABLE CODES AND ORDINANCES OF THE HIGH RIDGE FIRE PROTECTION DISTRICT. I UNDERSTAND THAT OCCUPANCY WILL NOT BE GRANTED PRIOR TO AN INSPECTION OF THE ABOVE MENTIONED COMMERCIAL PROPERTY AND THAT ANY

VIOLATIONS FOUND WILL BE CORRECTED PRIOR TO OCCUPANCY OF SAID BUILDING. I FURTHER UNDERSTAND THAT ANY NON-COMPLIANCE TO THE CODES AND ORDINANCES ADOPTED BY THE HIGH RIDGE FIRE PROTECTION DISTRICT WILL RESULT IN THE OCCUPANCY APPLICATION AND OCCUPANCY PERMIT TO BE REVOKED. OCCUPANCY INSPECTIONS SHALL BE CONDUCTED ON MONDAY, WEDNESDAY, AND THURSDAY'S FOR AN AM INSPECTION OR A PM INSPECTION. UPON PAYMENT AND RECEPTION OF THE PERMIT APPLICATION AND FEE, THE HIGH RIDGE FIRE DISTRICT SHALL SCHEDULE AN INSPECTION FOR THE NEXT AVAILABLE DAY.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

Fee: _____ Received By : _____ Date: _____ Permit # _____

Payment Type: Cash Credit Check# _____ RN: _____ Building Classification: _____

Approved By: _____ Date Approved: _____

Remarks and Conditions

