CONDITIONS IMPOSED: FOOD TRUCKS, TRAILERS & CARTS.

1) FIRE EXTINGUISHERS REQUIRED:
   If producing grease vapors a CLASS K extinguisher will required & mounted.
   Minimum of a 1-5lb ABC type fire extinguisher required & mounted.
   Food carts must also have a minimum of a 1-5lb ABC fire extinguisher mounted.

2) HOOD SUPPRESSION SYSTEM:
   If vendor is creating any grease vapors, it is required a hood system, in
   accordance with NFPA 96 standard.

3) PROPANE STORAGE & APPLIANCES:
   Propane hoses must be checked for leaks, all cylinders must be placed in a storage
   cabinet if mounted on the outside of vehicle. Also a “NO SMOKING” sign posted
   in plain view of the public. *PROPER SIGNAGE THROUGHOUT*

4) GENERATOR:
   If mounted in the vehicle, must be checked for fuel leaks or sparks from exhaust.
   Also ensure exhaust does not back up into truck.

5) SMOKE & CARBON MONOXIDE DETECTORS:
   Smoke detectors must be placed between the cooking area and drivers cab.
   *note, it does not have to be operating while the vendor is cooking.
   Carbon monoxide detectors must be mounted between cooking area & drivers
   cab. Also, Food trailers must mount the CO detector inside between the area that
   the generator is mounted or placed on the ground.

6) PROPANE GAS SENSOR:
   A Propane gas sensor must be mounted in the area of the propane cylinders and
   inside of the cooking area. Carts need to have the gas sensor near cylinder.

ADMINISTRATIVE APPEAL RIGHTS

Pursuant to N.J.A.C. 5:70-2 et seq., if you wish to contest the validity of this order you
may file an appeal with the Hudson County Construction Board of Appeals within (15)
fifteen days of the receipt to this notice. A letter requesting an Administrative Hearing
and Application must be sent to: Hudson Count Construction Board of Appeals
595 Newark Avenue
Jersey City, NJ 07302

The fee for an appeal is $100.00 _________, the application for appeal must be in
writing, set forth:
   a) Your name
   b) Address of the building or site
   c) Specific section of the regulation in question
   d) Nature of appeal
   e) Any appended documents that you consider useful

A copy of this application for appeal must also be sent to:
   Hoboken Fire Department, Fire Prevention Office,
   201 Jefferson Street
   3rd floor,
   Hoboken, NJ 07030
   Attention: Fire Marshal
APPLICATION FOR MOBILE RETAIL FOOD VENDOR TYPE 1 PERMIT TO INCLUDE FIRE SAFETY REGULATIONS UNDER ORD. 147

Print all information

<table>
<thead>
<tr>
<th>Applicant/Mobile food vehicle name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>County:</td>
</tr>
<tr>
<td>State/Zip Code:</td>
<td>Phone: ( )</td>
</tr>
</tbody>
</table>

Event/Location:

<table>
<thead>
<tr>
<th>Type of Activity:</th>
<th>Type of Fuel Use, Amount &amp; Appliances:</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPEN FLAME OR FLAME PRODUCING DEVICE. MOBILE COOKING IN CONNECTION WITH PUBLIC GATHERING</td>
<td>Generators mounted: Yes( ) No( ) Location &amp; fuel type:</td>
</tr>
<tr>
<td>Vehicle Lic. Plate# &amp; State:</td>
<td>Smoke Detector: Yes( ) No( ) Fire Extinguishers:</td>
</tr>
<tr>
<td>Type of Vehicle &amp; year:</td>
<td>Carbon Monoxide: Yes( ) No( ) ABC: Yes( ) No( )</td>
</tr>
<tr>
<td>Vehicle Insurance info:</td>
<td>Gas Detector: Yes( ) No( ) Class K: Yes( ) No( )</td>
</tr>
</tbody>
</table>

Permit requested for following date(s): __________________________ __________________________

I hereby acknowledge that the information given is correct, and agree to comply with the applicable requirements of the 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. I also understand that PERMIT FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE. Permit good for 6 months.

____________________________  ______________________________  __________________
Applicant Signature                                                                     Title  Date

See reverse side for information concerning your restrictions & administrative appeal rights.

Make checks/money order payable to Hoboken Fire Department and include address & phone number on check.

OFFICE USE ONLY

PERMIT # _______  PERMIT TYPE: 1  CONDITIONS IMPOSED: YES  NO  DENIED: _______  FEE: $54.00. (CIRCLE ONE)

Fire Inspector approving/issuing permit: __________________________  DFS #:________________________

PERMITS NON-TRANSFERABLE AND NON-REFUNDABLE