Apex Police Department

Mobile Food Vendor Fire Inspection

Applicant Name

Full Name: _____ _____ _____
Last First Middle

Business Name: _____

Vehicle Information

_____ _____ _____ _____
Year Make Model Color

Vehicle License Plate: _____ State: _____

Trailer/Pushcart Information

_____ _____ _____ _____
Year Make Model Color

Size: _____ Trailer License Plate: _____ State: _____

To be completed by a TOA Fire Marshal only
(Contact a Fire Marshal at 919-362-4001 to schedule)

Inspection Date: _____ ☐ Pass ☐ Fail ☐ Push-cart (Inspection NA)

Inspector Notes: _____

_____

_____

_____ _____
Inspector's Name (Printed): Inspector's Signature