



Town of Mount Carmel

Mobile Food Vehicle Inspection/Application

Contact: Mitchell Walker, Fire Chief

423-444-1027

Mitch.walker@mountcarmeltn.gov

Business Name: _____

Owner: _____

Owner Address: _____

City, State, Zip: _____

Telephone: _____

MFV License Plate: _____

Date: _____

LP <= 100lbs.

Mounting of LP/CNG Tanks:

Rear Mounted

Cabinet Mounted

Chassis Mounted

Other

Suppression System: Yes: _____ No: _____ N/A: _____

Inspection Date: _____

Class K Extinguisher: Yes: _____ No: _____ N/A: _____

Inspection Date: _____

Portable Extinguisher: Yes: _____ No: _____ N/A: _____

Inspection Date: _____

Exhaust Hood: Yes: _____ No: _____ N/A: _____

Cleaned Date: _____

Ventilation Systems: Yes: _____ No: _____ N/A: _____

Breaker Box/Electrical Wiring Complaint: Yes: _____ No: _____

Egress accessible and clear of any Storage: Yes: _____ No: _____

Appliance LP Gas Shutoff: Yes: _____ No: _____

Grease Extractors: Yes: _____ No: _____

Gas Lines Inspected: Yes: _____ No: _____

Bottle of Soapy Water (Leak Check): Yes: _____ No: _____

Regulator/Relief valve placement: Yes: _____ No: _____

LP Container Clearances/Exterior shutoff: Yes: _____ No: _____

Propane Leak Detector: Yes: _____ No: _____

Exterior Horn and Strobe: Yes: _____ No: _____

Documentation (Business license, health inspection): Yes: _____ No: _____

Notes:

Applicant: _____ **Signature:** _____ **Date:** _____

Fire Chief: _____ **Signature:** _____ **Date:** _____