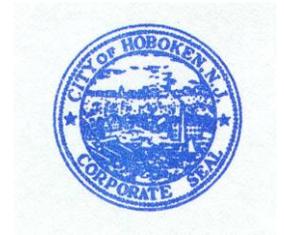




**DIVISION OF FIRE**  
 Bureau of Fire Prevention Investigation  
 201 Jefferson Street, Hoboken, NJ 07030  
 (201)420-2268  
 Fax (201)420-2227



**APPLICATION FOR OPEN FLAME DEVICE TYPE ONE PERMIT**

Print all information

Applicant:	Address:
City:	County:
State/Zip Code:	Phone: ( )

Event/Location:

Type of Activity: <b>COOKING</b>	Type of Fuel Used & Amount: <b>*NOT TO EXCEED 40LBS.</b>
Type of Flame Producing Device:	Other:

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.

\_\_\_\_\_  
 Print name  
 \_\_\_\_\_  
 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** per application  
(CIRCLE ONE)

Inspector approving/issuing permit: \_\_\_\_\_ DFS #: \_\_\_\_\_  
 Received: \_\_\_\_\_

PERMITS NON-TRANSFERABLE AND NON-REFUNDABLE