

## Insignia Application for Food Trucks and Concession Trailers That Do Not Require Plans

Factory Assembled Structures PO Box 44430 Olympia WA 98504-4430

| Δ | separate        | form is  | required t   | for each              | food t | ruck or  | concession  | trailer. |
|---|-----------------|----------|--------------|-----------------------|--------|----------|-------------|----------|
| _ | <b>Separate</b> | 10111113 | i equil eq i | ıvı <del>c</del> acıı | 100u t | i uch oi | COLICESSIOL | uanei.   |

| Date  | Required fee due:  Food Truck/Concession Trailer – New Label Request \$48.70 |                             |                            |                    |           |                |                |            |  |  |  |
|---|--|-----------------------------|----------------------------|--------------------|-----------|----------------|----------------|------------|--|--|--|
|   | Replacement Label Request \$18.10  |                             |                            |                    |           |                |                |            |  |  |  |
| A non-refundable fee is<br><u>FAS1@lni.wa.gov</u> or m                    |  |                             |                            |                    |           |                |                | to         |  |  |  |
| Complete all of the re  | quested informat   | ion below. Y                | our insignia               | a will be          | sent to   | your           | L&I insp       | ector.     |  |  |  |
| Manufacturer / Owner Nam  | ı  | Mfg. Number (if applicable) |                            |                    |           |                |                |            |  |  |  |
| Billing Address   |  | C                           | City                       |                    |           | State Zip Code |                |            |  |  |  |
| Inspection Site Address   |  | C                           | City                       |                    |           |                | State Zip Code |            |  |  |  |
| Phone Number  |  |                             | Fax Number                 |                    |           |                |                |            |  |  |  |
| Contact Name  |  |                             | Phone Number               | <u></u><br>er      |           | Email          | Address        |            |  |  |  |
| Signature   |  |                             |                            |                    |           |                |                |            |  |  |  |
| VIN Number  |  | Length                      |                            | Width              |           |                | Interior So    | quare Feet |  |  |  |
| Electrical Service Size -am  None 15 ar 20 amp/120V                       | ps / voltage (select on<br>np/120V<br>30 amp/120V                            | e) Nu                       | umber of Plumb  None  4  5 | oing Fixtur<br>] 1 |           | one)<br>3<br>8 |                |            |  |  |  |
| Is the truck / trailer over   | <br>er 8' – 6" wide?   |                             | <del></del>                |                    |           | $\overline{}$  | Yes**          | No         |  |  |  |
| Is there a propane or other fuel gas system?                              |  |                             |                            |                    |           |                |                | ☐ No       |  |  |  |
|   |  |                             |                            |                    |           |                |                | ☐ No       |  |  |  |
|   |  |                             |                            |                    |           |                |                | ☐ No       |  |  |  |
| Is there a source of alternate energy such as fuel cells or photovoltaic? |  |                             |                            |                    |           |                |                |            |  |  |  |
| Is there commercial co  | ooking equipment   | that would red              | quire a hood               | or fire s          | system?   |                | Yes*           | ☐ No       |  |  |  |
| Is there a bathroom in  | the truck / trailer?   |                             |                            |                    |           |                | Yes*           | ☐ No       |  |  |  |
| Is there cooking equip  | Is there cooking equipment using solid fuels such as wood or charcoal?       |                             |                            |                    |           |                |                |            |  |  |  |
| Does any equipment weigh over 500 pounds?                                 |  |                             |                            |                    |           |                |                | ☐ No       |  |  |  |
| Is there a dedicated source of electric heat / AC rated at over 120v?     |  |                             |                            |                    |           |                |                |            |  |  |  |
| *Important: Plan review   | •  |                             | es" to any of              | the que            | stions ab | ove.           |                |            |  |  |  |
| **See Vendor Unit Defi  | nition – <u>WAC 296-</u>   | <u>'</u>                    |                            |                    |           |                |                |            |  |  |  |
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| Department Insignia Numb  | er App   | lication ID                 |                            |                    | Plan Appr | ovai Nu        | ımber          |            |  |  |  |
| Fee Ledger Number   |  |                             | Amount<br>\$               |                    |           |                |                |            |  |  |  |
| Insignia Released By  |  |                             | То                         |                    |           |                |                |            |  |  |  |