



# GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY OFFICE OF THE FIRE MARSHAL

525 Washington Avenue • Grand Haven, MI 49417  
Office 616.842.3460 • Fax 616.847.6050



[firemarshal@grandhaven.org](mailto:firemarshal@grandhaven.org)

## COOKING BOOTH PERMIT APPLICATION

Name That Appears on Booth: \_\_\_\_\_

Vendor's Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

**Applicant: Please review and initial the following requirements. By initialing each item, the applicant acknowledges their review and agreement to comply with the listed requirements as set forth by the City of Grand Haven Fire Marshal.**

1. \_\_\_\_\_ A copy of the following document is required:  
Booth / Tent Diagram (Show length and width of booth or tent, and locations of exits, aisles, fire extinguishers, cooking appliances, LP tanks, generators, etc.)
2. \_\_\_\_\_ I have received a copy of the Cooking Booth Regulation Summary.
3. \_\_\_\_\_ All conditions pertaining to this application are to be in accordance with the City of Grand Haven Fire Prevention Code, the 2015 International Fire Code and NFPA codes as adopted by the City of Grand Haven.
4. \_\_\_\_\_ Final approval is based on Fire Marshal inspection after setup.

By my signature below, I attest the above information is accurate and correct, I acknowledge and agree to comply with all applicable requirements of the Fire Prevention Code of The City of Grand Haven and it's referenced standards, even those not specifically expressed on this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Applicant