



COMMONWEALTH of VIRGINIA

Brad Creasy
EXECUTIVE DIRECTOR

BILLY HUX
CHIEF STATE FIRE MARSHAL

Virginia Department of Fire Programs

State Fire Marshal's Office
1005 Technology Park Drive
Glen Allen, Virginia 23059
Phone: 804-372-0220
Fax: 804-371-3367

Mobile Food Preparation Vehicle Contract

Date:

Name/Title:

Business Name:

Business Address:

Business Email Address:

RE: Mobile Food Preparation Vehicle Permit Inspection Contract

Dear:

In accordance with your request, the State Fire Marshal's Office (SFMO) shall provide a fire prevention inspection to ensure conformance with the 2018 Virginia Statewide Fire Prevention Code (SFPC) Section 319 for the use of Mobile Food Preparation Vehicles (MFPV) throughout the Commonwealth of Virginia.

SFMO will charge a flat rate for services and inspections, report preparations, and managerial review. The rate will be a \$200.00 annual charge for inspection and services rendered during the Mobile Food Preparation Vehicle inspection.

SFMO will present an itemized invoice within (5) business days of your completed inspection. Once payment is received, your permit will be electronically sent to your provided e-mail address. Payment for services rendered is due within 30 days of invoice date. Accounts not collected after 90 days will be sent to a third-party collection agency or the Office of Attorney General for collection. Checks should be made payable to "Treasurer of Virginia" and mailed to the State Fire Marshal's Office at 1005 Technology Park Drive, Glen Allen, Virginia 23059.

Please provide complete billing information as noted on the attached Authorization to Perform Services Form including Federal Identification Number (or social security number for individuals) and sign the "APPROVED/AUTHORIZED TO PROCEED" signature line to indicate your agreement to these terms, and return to Statefiremarshal@vdfp.virginia.gov

We look forward to working with you and making your MFPV safe for you, your staff, and the citizens of the Commonwealth.

Sincerely,

A handwritten signature in blue ink, appearing to read "W. Hux".

William Hux, Chief State Fire Marshal

AUTHORIZATION TO PERFORM SERVICES FORM

BILLING INFORMATION

Company (or Individual) Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Contact Name: _____

Federal Identification Number (required for billing on credit): _____
(or SSN for individuals)

APPROVED/AUTHORIZED TO PROCEED: _____ Date: _____
