DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTION

MOBILE FOOD VENDING INFORMATION SHEET

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR
DEPARTMENT OF PUBLIC SAFETY

REQUIREMENTS

- **Mobile Food Vending Application** - Submt application in person at the License Section.
- **Proof of Identity** - i.e. State issued Driver's License/I.D. Card, Military I.D., Passport.
- **Valid Vehicle or Trailer Registration**
- **Certificate of Insurance for Valid Commercial Liability Insurance**
  The License Section, 4252 Groves Rd, Columbus, OH 43232, must be listed as the Certificate Holder.
  - Minimum of $300,000.00 for Pushcarts and Pedi-carts
  - Minimum of $1,000,000.00 for Trucks and Trailers
- **Letter of Good Standing** - Is Required from the City of Columbus Department of Income Tax. See attachment page 4.
- **Propane Pressure Test/Leak Check** - Submit your Propane Pressure Test/Leak Check (page5) or submit it electronically by uploading form from our website at: **https://www.columbus.gov/public-safety/license-section/**
- **State of Ohio Transient Vendor's License** - Contact Ohio Taxpayer Services Division at 888-405-4089 - (Required only if selling taxable items, i.e. soda, shirts, drinks containing less than 50% vegetable or fruit juice by volume.
- **Background Check Affidavit** - Complete the attached form (page 6) with application, if intending to operate in the Public Right-of-Way.
- **BCI Background Check** - Can be completed at the License Section or at an authorized WebCheck Agency, but results must be mailed directly by the WebCheck Agency to the License Section 4252 Groves Rd, Columbus, Ohio 43232.
- **State of Ohio Health Food Service License or Health Inspection Form** - Contact Columbus Public Health at 614-645-6741 to request your inspection. **Columbus Health must receive your Inspection Payment prior to your inspection**. If you live outside of the City of Columbus you will need to contact Franklin County Health at 614-525-3160 or the Health Office for the county where you reside.

**** Bring the completed application and all of the above required documents to the License Section at the below listed address to complete your background check and to be scheduled for your required Fire & License Section Inspections.**

Permit Costs

- **Application fee - $20.00**
- **BCI Background Check fee completed at the License Section- $32.00**
- **Mobile Food Vending License fee - $180.00**
- **Mobile Food Vending Public Right-of-Way License fee - $250.00**
  (Optional - Unit must be under 25' for a truck or trailer, and 9' for a pushcart)

OFFICE LOCATION

License Section
4252 Groves Rd
Columbus, Ohio 43232

OFFICE USE ONLY
License # _____
PROW License # _____
Decal # _____
Issue Date _____
Expiration Date _____

DEPARTMENT OF PUBLIC SAFETY
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THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR
DEPARTMENT OF PUBLIC SAFETY

MOBILE FOOD VENDOR APPLICATION

☐ **NEW** ☐ **RENEWAL**

☐ **TRUCK** ☐ **TRAILER** ☐ **PUSHCART** ☐ **PEDI-CART** ☐ **ICE CREAM TRUCK**

APPLICANT INFORMATION

What is your affiliation with the Mobile Food Vending business? (Check all that apply)

☐ Owner ☐ Manager ☐ Operator ☐ Representative ☐ Other: _____

Full Name:		Date of Birth:
Residential Address:		
City:	State:	Zip:
Phone:	Email:	
Driver's License #:	State:	Expiration Date:

Have you **ever been** convicted of a felony? ☐ Yes ☐ No
(If yes, only provide a list of all felony convictions that occurred in the United States within the past seven (7) years)

Are you on felony probation or parole? ☐ Yes ☐ No	If yes, date began:
Have you ever been required to register as a sexual offender? ☐ Yes ☐ No	If yes, date registered:

Have you had a City of Columbus license and/or permit revoked, refused, or suspended within the past three (3) years?
☐ Yes ☐ No

OWNER INFORMATION

Full Name:		Date of Birth:
Residential Address:		
City:	State:	Zip:
Phone:	Email:	

BUSINESS INFORMATION

Business Name:	Business Address:	
City:	State:	Zip:
Business Phone:	Business Email:	
Name listed on the Mobile Food Unit:		Federal ID #:

Will you be selling taxable items? (such as soda or shirts) ☐ **Yes** ☐ **No** ***If you answered yes you will need a Vendor's License. Refer to Info page.**

VEHICLE/TRAILER INFORMATION

Year:	Make:	Type:

VIN:	License Plate:	State:

Power Source (Check all that apply): ☐ Propane ☐ Generator ☐ Other: _____

Where will food items be sold? ☐ Public Right-of-Way ☐ Private Property (Provide the required documents listed on page 7)

If private property, list address(es): _____

_____

I have read, understood, and meet all provisions set forth by the Ohio Revised Code, and Columbus City Code including, but not limited to, Fire, Health, and Public Services requirements (O.R.C. 3717, C.C.C. 501, 573, 922 & NFPA 54, 58, 70).

Yes ☐ No ☐

All information contained in this application is subject to disclosure as a matter of public record. Any false statement made or given in this application shall result in denial, revocation, or future revocation of the license under Columbus City Code Chapters 501 and 540, and may be referred for criminal prosecution under Ohio Revised Code Chapter 2921.13 (A-3).

Applicants who believe they meet the definition of a "designated public service worker" as defined in ORC 149.43(A)(7)-(9) and/or would qualify to have their information redacted pursuant to ORC 149.43(A)(8) shall notify the License Office at the time of application and shall provide sufficient supporting evidence/documentation to the License Office with their application.

_____

_____

State of _____ , County of _____

I, _____, being duly sworn, affirm and swear that I am the individual
(Print Applicant's Name)

making the foregoing application; that he or she is knowledgeable with respect to that which is to be licensed and to the information contained in the application; that the answers, statements, and allegations made in this application are true and accurate to the best of my nowledge and belief; and that I am an owner/operator/applicant of that which is to be licensed by this application.

_____
(Applicant's Signature)

Sworn to before me and subscribed in my presence this _____ day of _____, 20____.

_____
Notary or Agent of Director of Public Safety

CRISP help line - 614-645-8899
9am - 4pm, Monday though Friday.

Propane Pressure Test / Leak Check

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR
DEPARTMENT OF PUBLIC SAFETY

_____
Date of Test

Name of Mobile Food Vending Unit:_____

Name of Owner: _____ Phone: _____

Owner Address:_____

City: _____ State: _____ Zip Code: _____

Unit Type: (Check One) ☐ Mobile Food Truck ☐ Mobile Food Trailer ☐ Pushcart

Unit License Plate: _____ State:_____ Unit VIN: _____

Type of Gas Appliance and BTU Rating

1. _____
2. _____
3. _____
4. _____
5. _____

Test Performed

Leak Test - 10 Minute Minimum (Check One) ☐ Passed ☐ Failed

Pressure Test - 3 Minute Minimum (Check One) ☐ Passed ☐ Failed

Comments: _____

_____

_____

_____

Buisness Name: _____ Test Technician :_____

Business Address: _____ City: _____ State:_____

Zip Code: _____ Business Certification #_____

Business Phone: _____ Business Fax: _____ Business E-Mail:_____

_____
Form Completed By Date

_____
Mobile Food Vending Unit Owner's Name Date

Note: Test provider must email the completed form to **cfdmfvinfo@columbus.gov** & **mvf@columbus.gov**. Also, provide the customer a printed copy and an emailed copy.

Questions? - Please email questions to the above emails. You can also call or text 614-206-6809 or call 614-645-6854, if you get a voicemail be sure to leave a message. **Test can be performed by any Propane Specialist or Licensed Plumber that can perform the required test.**

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THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF PUBLIC SAFETY

MOBILE FOOD VENDING BACKGROUND CHECK AFFIDAVIT

PLEASE COMPLETE AND SIGN AT THE LICENSE SECTION

I, _____, owner or applicant of the mobile food vendor operating under the DBA of _____, hereby acknowledge that upon issuance of a Mobile Food Vending license, I will obtain criminal background checks of all employees and will not employ any individual who has a criminal conviction listed in Section 573.08(b) of the Columbus City Code. I will provide written documentation of any change in the information required along with written documentation of any modification, damage, destruction or decommission of the unit with ten (10) calendar days of such change set forth in Chapter 573.03(b)(10) and (11) in the Columbus City Code.

I understand that I am certifying that these statements are true and acknowledge that the information contained herein may subject me to certain penalties which include, but not limited to, suspension, revocation or permanent revocation of the Mobile Food Vendor license.

State of Ohio, County of Franklin

Owner's or Applicant's Printed Name: _____

Owner's or Applicant's Signature: _____

Sworn to before me and subscribed in my presence this _____ day of _____, 20_____.

_____

Notary or Agent of the Director of Public Safety

Kate Pishotti
Director

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF PUBLIC SAFETY

MOBILE FOOD VENDING INFORMATION

Private Property Requirements:

If you plan to operate on private property, the following information must be submitted to the License Section:

- Address of location
- Printed aerial photo of the location (Google Maps, Franklin County Auditor, GIS)
- Printed sidewalk photo of the location
- Signed letter of permission from the property owner or authorized personnel – must list contact information

Both aerial and sidewalk photos must be marked with the spot's approximate location.

THE ABOVE LOCATION MUST BE APPROVED BY THE LICENSE SECTION BEFORE OPERATING.

**** YOUR PROPANE PRESSURE TEST/LEAK CHECK CAN BE PERFORMED BY ANY PROPANE SPECIALIST OR LICENSED PLUMBER THAT CAN COMPLETE THE REQUIRED TESTING LISTED ON PAGE #5 OF THIS PACKET. ALL PROPANE PRESSURE TEST/LEAK CHECK PROVIDERS MUST COMPLETE PAGE #5 TEST FORM AND ELECTRONICALLY SUBMIT IT TO THE LICENSE SECTION AS LISTED ON THE FORM.**

Note: If you are using Columbus Public Health, your Mobile Food Service Operation License must be paid prior to your scheduled inspection time. If mobile is new, please contact Tim Basak at 614-645-6741.

Contacts:

1. City Income Tax Division
   77 N Front St, 2nd Floor Columbus, OH 43215
   (614) 724-0440
   https://crisp.columbus.gov/_/
   help line 614-645-8899, 9am-4pm, Monday through Friday.

2. Columbus Public Health
   240 Parsons Ave
   Columbus, OH 43215
   (614) 645-6741

3. Division of Fire, Public Assembly Section
   3639 Parsons Ave
   Columbus, OH 43207
   (614) 645-7641 ext 75653
   cfdmfvinfo@columbus.gov

4. Ohio Dept. of Taxation, Vendor's License
   4486 Northland Ridge Blvd
   Columbus, OH 43224
   (888) 405-4039

Welcome to the City of Columbus PROW Program! Now that you have your PROW permit you'll want to get access to the StreetFoodFinder booking system so that you can book designated PROW spots in Columbus. Both renewals and new permit holders must go through these steps.

Want to see a more detailed version with pictures of these steps? Visit https://streetfoodfinder.com/helpme

Step 1) Login to StreetFoodFinder by going to https://streetfoodfinder.com/login . You will login with your truck / carts Twitter account.

Step 2) If this is your first time through StreetFoodFinder, please go through the setup process.

Step 3) Go to the "Permits" page. Add your MFV and PROW Permits into the system. This is the PAPER copy (not the decal). If you didn't receive it at the one stop, you'll receive it in the mail.

Step 4) Go to the "Groups" page and select the "City of Columbus PROW Program". Fill out the application and carefully read the rules for the program and system. You will receive an email that your application was received.

Step 5) Within 48 hours you will receive a response on the status of your application. If you are denied you will be given information stating why so you can correct the issue

Step 6) Head to the "Book Events" page so that you can now book locations you'd like to visit.

For any questions or issues please email support@streetfoodfinder.com