Columbus Public Health • Food Protection Program

Mobile Food Service Operation Checklist

Make sure you meet all the requirements.

A. B.	ollowing is REQUIRED to obtain a mobile food service operation license. Plumbing Mobile has a hand washing sink & three compartment sink with drain boards. If no drain boards, shelf above or nearby for air drying of utensils/equipment. Sinks have hot water (hot water tank). Sink stoppers are provided for the three compartment sink. Waste water tank is 15% bigger than the fresh water tank. Food grade hose (usually white or clear) is used when filling up the fresh water tank. quipment All equipment on mobile is commercial grade (NSF, UL Sanitation or ETL Sanitation). Coolers holding at 41 degrees F or below. Freezers properly keep food frozen. All coolers have a thermometer inside of them. Thermometer provided for taking temperatures of food items. Sanitizer and test strips available. Structure All surfaces are smooth and easily cleanable. (No bare wood allowed.)	
D.	All openings are sealed and protected. All light bulbs are shielded. Identification Mobile name, city, state, zip code and telephone are on exterior with a minimum size of 3 inches tall x 1	
E.	inch wide. Pushcarts Submit a completed Restricted Mobile Commissary Agreement. (See page 3.)	
Schedule your licensing inspection with Columbus Public Health.		
	everything listed above? Contact Tim Basak to schedule a licensing inspection at tjbasak@columbus.gov or t 614-645-6741 and provide the following: Name of mobile/business LLC Business address Best available telephone number and email address Copy of IRS SS-4 form (See page 2 for example.)	
Pre	are for your inspection.	
Dui	g the mobile licensing inspection, you will need to provide: Check or Money order for \$203, payable to Columbus City Treasurer All equipment up and running, like you would be operating Hot water provided at all sinks	
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Obtain your mobile food vendor license if operating in the City of Columbus.

If you plan to operate inside of Columbus City limits, after licensing with Columbus Public Health, you will be required to obtain a mobile food vendors (MFV) license through the Department of Building & Zoning Services - https://new.columbus.gov/Business-Development/Business-Licenses-Resources.



EXAMPLE: IRS SS-4 Form

IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

YOUR BUSINESS NAME HERE BUSINESS ADRESS HERE Date of this notice: 04-16-2018

Employer Identification Number: 12-345679

12-343679

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 12-3456789. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

03/15/2018

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.



Columbus Public Health • Food Protection Program

Restricted Mobile Commissary Agreement

Pursuant to Section 3717-1-09(D) of the Ohio Administrative Code (OAC), mobile food services and mobile retail food establishments, which include pushcarts, are designed and approved to operate with certain restrictions, limitations and conditions.

In Columbus, the owner or operator of a restricted mobile agrees to operate from a licensed servicing area as defined in OAC 3717-1-01, which includes commissaries.

The owner or operator agrees to prepare, store and or cook all food and clean and sanitize all utensils and equipment at the licensed commissary.

The owner or operator of the commissary agrees to designate and properly identify the area to be used by the owner or operator of the restricted mobile for food storage.

The owner or operator of the commissary agrees to notify Columbus Public Health, Food Protection Program Manager, if the owner or operator of the restricted mobile fails to regularly (every day the restricted mobile operates) return to the commissary base to perform tasks such as vehicle and equipment cleaning, discharging of solid waste, refilling water tanks and ice bins, and boarding food.

This agreement will expire on the last day of February 2025 (unless stated otherwise).

Business Name of Restricted Mobile

Owner/Operator of Restricted Mobile

Federal I.D./Driver's License Number

Owner/Operator of Restricted Mobile	Federal I.D./Driver's License Number
Restricted Mobile Owner/Operator Home Address (no F	P.O. Box)
Restricted Mobile Home Phone Number (REQUIRED)	Cell Phone (Optional)
Restricted Mobile Owner/Operator Signature	Date
Business Name of Commissary	Address of Commissary
Owner/Operator of Commissary	Federal I.D./Driver's License Number
Commissary Home Phone Number (REQUIRED)	Cell Phone (Optional)
Commissary Owner/Operator Business Phone Number	(REQUIRED)
Commissary Owner/Operator Signature	Date

