

MOBILE FOOD VENDING INFORMATION SHEET

REQUIREMENTS

- **Mobile Food Vending Application** (Submit application in person at the License Section.)
- **Proof of Identity** (i.e. State issued Driver's License/I.D. Card, Military I.D., Passport)
- **Copy of 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. Questions on how to obtain this letter should be directed to their office at 614-724-0440.)
- **Propane Pressure-Leak Test** - (Submit the test results completed by one of the Propane Leak Testing Locations listed on page 9 of this packet.)
- **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** (Submit 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 and/or Health Inspection Form** (Contact Columbus Public Health at 614-645-6741 to request 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.)
- **Columbus Fire Inspection** (You will received your Inspection information when you submit your application to the License Section.)

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

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OFFICE USE ONLY

License # _____
 PROW License # _____
 Decal # _____
 Issue Date _____
 Expiration Date _____

DEPARTMENT OF PUBLIC SAFETY
 LICENSE SECTION



MOBILE FOOD VENDOR APPLICATION

DEPARTMENT OF PUBLIC SAFETY

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, 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 6)

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

Please be advised this section is voluntarily optional and exists for the convenience of the applicant:

The applicant expressly authorizes the Licensing Division of the City of Columbus, Department of Public Safety to contact the Income Tax Division of the City of Columbus - City Auditor and in turn expressly authorizes the Income Tax Division of the City of Columbus - City Auditor to provide access to the Licensing Division of the City of Columbus, Department of Public Safety current municipal tax information related to the applicant listed above in relation to the Mobile Food Vendor Permit for which application is being made. Any information provided to the Licensing Division will be held in strict confidence at all times and shall not be disclosed to any other department or division of the City of Columbus, nor used for any other purpose other than as stated.

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 knowledge 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

**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_____.

Officer or Agent of the Director of Public Safety

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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

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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 LOCATION MUST BE APPROVED BY THE LICENSE SECTION BEFORE OPERATING.

Propane Leak Testing Locations:

- | | |
|--|--|
| 1. Specialty Gas House
4500 Indianola Ave
Columbus, OH 43214
(614) 261-0824 | 2. Suburban Propane
2759 McKinley Ave
Columbus, OH 43204
(614) 487-6400 |
|--|--|

Contacts:

- | | |
|---|--|
| 1. City Income Tax Division
77 N Front St, 2 nd Floor
Columbus, OH 43215
(614) 724-0440 | 2. Columbus Public Health
240 Parsons Ave
Columbus, OH 43215
(614) 645-6741 |
| 3. Division of Fire, Special Inspection Section
3639 Parsons Ave
Columbus, OH 43207
(614) 645-7641 | 4. Ohio Dept. of Taxation, Vendor's License
4486 Northland Ridge Blvd
Columbus, OH 43224
(888) 405-4039 |



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