

OFFICE USE ONLY

DATE: _____

PASSED: _____

FAILED: _____

RE-INSPECTED: _____

DECAL #: _____

INSPECTOR: _____

**DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTION****MOBILE FOOD
VENDING
INSPECTION FORM**THE CITY OF
COLUMBUS
MICHAEL B. COLEMAN, MAYORDEPARTMENT OF
PUBLIC SAFETY **TRUCK** **TRAILER** **PUSHCART****FORM TO BE COMPLETED BY A LICENSE OFFICER**

Business Name:

Owner Name:

License Plate Number:

Number on Vehicle: (if applicable)

VIN Number/Serial Number:

Insurance: : YES NO

Name of Insurance Company:

Color:

Length:

Width:

Height:

Construction:

Canopy: YES NO

Canopy Type: (cloth, metal, plastic)

Emergency Brake/Brakes: (must lock)

Tires: (include # of wheels)

Handle: (if applicable/attached/welded)

Fuel Type:

Clean:

YES NO

Damage Free:

YES NO

Tail Lights:

YES NO

Back-up Lights:

YES NO

Enclosed Sides:

YES NO NA

Turn Signals:

YES NO

Windshield Wipers:

YES NO NA

Litter Container(s):

YES NO

Emergency Flashers:

YES NO

Seatbelts:

YES NO NA

NSF Approved Mat:

YES NO NA

Comments:

Fire Approval: YES NO**Health Approval: YES NO**