

Mobile Food Service License Checklist

*Application process may take up to 30 days from day of submitting completed application.

Which type of mobile are you submitting for?

☐ Truck ☐ Trailer ☐ Pushcart ☐ Knockdown

Make sure you meet all the requirements.

The following is **REQUIRED** to get a mobile food service license.

A. Plumbing

- ☐ **Hand washing sink.**
- ☐ **3-compartment sink** with drain boards.
 - If no drain boards, shelf above or nearby for air drying of utensils/equipment.
- ☐ **Hot water** at sinks from water heater or hot water tank.
- ☐ **Sink stoppers or plugs** are provided for the 3-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.

B. Equipment

- ☐ **Commercial** grade equipment (NSF, UL Sanitation or ETL Sanitation).
- ☐ **Coolers** – Hold food at 41°F or below.
- ☐ **Freezers.**
- ☐ **Thermometer**
 - Placed in coolers to check air temperatures.
 - Check temperatures of food after cooking and food in coolers
- ☐ **Sanitizer and Soap** = Cleaning utensils/equipment.
- ☐ **Test Strips** = Sanitizer at correct levels.

C. Mobile Structure

- ☐ **All Surfaces** - smooth and easily cleanable. (No bare wood allowed.)
- ☐ **Sealed Openings** – Prevent pests and dust from getting in mobile.
- ☐ **Protected light bulbs** – All light bulbs are shielded or covered to prevent from shattering.

D. Identification

- ☐ **Mobile Name, City, State, Zip Code and Telephone** - on exterior with each letter being a minimum size of 3 inches tall x 1 inch wide.

E. Pushcarts

- ☐ **Submit** a completed Restricted Mobile Commissary Agreement (See Page 5)

F. Menu

- ☐ **Submit** a completed menu.

G. Person In Charge Food Safety Course

- ☐ **Complete and Submit** – completed person in charge certificate recognized by Ohio Department of Health
 - https://www.healthspace.com/Clients/Ohio/Ohio_Website_Live.nsf/FoodCertifications.xsp

H. Commissary Agreement

- ☐ Submit a completed commissary agreement if you are a pushcart or plan to use a licensed facility to prep or store product.

Scheduling your mobile food service inspection.

Email or drop off completed application to the Environmental Health Business Office at EnvironmentalHealth@columbus.gov or 240 Parsons Ave, Columbus, OH 43215.

Prepare for your inspection.

During the mobile licensing inspection, you will need to provide:

- ☐ Check or Money Order, payable to Columbus City Treasurer, or make payment online
 - Low Risk - \$150.50 (Prepackaged food items only)
 - High Risk - \$273.00
- ☐ All equipment up and running, like you would be operating.
- ☐ Hot water provided at all sinks.

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 Public Safety - <https://new.columbus.gov/Business-Development/Business-Licenses-Resources>.

Questions? Email: EH@columbus.gov or Call: 614-645-7005.

CITY OF COLUMBUS - COLUMBUS PUBLIC HEALTH

MOBILE FOOD LICENSING FORM

Please complete each section of this form. Must include EIN number and one of the following for proof of ownership:

- *Internal Revenue Service (IRS) SS-4 EIN confirmation letter (see example below);*
- *Letter from your bank specifying the entity has an active account;*
- *Check with your entity name and address listed;*
- *Copy of a local or state license connected to the entity (e.g., liquor or vendor's license with same owner);*
- *Redacted tax return filed with the IRS (cover page only listing the year, entity name, and EIN);*
- *IRS 501(C)(3) tax exemption confirmation letter (if applicable);*

MOBILE INFORMATION

Mobile Name (Facility Name): _____

Mobile Email: _____

Mobile Phone: _____

OWNER INFORMATION

Owner Name: _____

EIN# (**MUST INCLUDE PROOF OF OWNERSHIP, LISTED ABOVE**): _____

Owner Mailing Address: _____

Owner Physical Address: _____

Owner Email: _____

Owner Phone: _____

PERSON COMPLETING THIS FORM

Name: _____

Phone Number (*in case we need to contact you for clarification*): _____

What is the primary language spoken? _____

INTERNAL USE ONLY

Date received: _____

Received by: _____

AR# _____

SR# _____

IN# _____

Equipment List

Use this chart to list equipment and specifications.

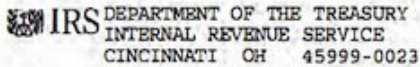
☐ This information is included in plans submitted.

Equipment	Model and Serial Number

Equipment List - Check all that apply

- ☐ Mobile operates using a generator
- ☐ Mobile operates using a direct power source
- ☐ Mobile operates using direct water line
- ☐ Mobile operates using water tanks

EXAMPLE: IRS SS-4 Form



Date of this notice: 04-16-2018

Employer Identification Number:
12-345679

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.

YOUR BUSINESS NAME HERE
BUSINESS ADDRESS HERE

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 2026 (unless stated otherwise).

Business Name of Restricted Mobile

Owner/Operator of Restricted Mobile

Federal I.D./Driver's License Number

Restricted Mobile Owner/Operator Home Address (no 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