

**DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTION**

MOBILE FOOD VENDING LICENSE CHECKLIST

- CITY OF COLUMBUS "LETTER OF GOOD STANDING" ISSUED BY THE INCOME TAX DIVISION
- COMPLETED MFV APPLICATION
- CITY OF COLUMBUS HEALTH DEPARTMENT APPROVAL
- CITY OF COLUMBUS FIRE DEPARTMENT APPROVAL
- OH DEPARTMENT OF TAXATION VENDORS LICENSE (SALES TAX)
- CERTIFICATE OF INSURANCE – MFV UNIT MUST BE LISTED

(\$1,000,000.00 Trucks & Trailers) (\$300,000.00 Pedi-Food Carts & Pushcarts)

(Vehicle or Trailer must be listed as insured and City of Cols must be Certificate Holder)

- BCI CRIMINAL BACKGROUND CHECK (OWNER ONLY)
- VEHICLE OR TRAILER REGISTRATION FROM BMV
- CRIMINAL BACKGROUND AFFIDAVIT

FEES

\$50.00 NON-REFUNDABLE APPLICATION FEE

\$180.00 LICENSE FEE (Private Property Only)

\$250.00 CITY RIGHT-OF-WAY FEE (If applicable)

Applications must be submitted in person to the License Section
750 Piedmont Rd, South Entrance
Columbus, OH 43224
M-F 8:00AM – 3:30PM
614-645-8366

DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTION

THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR

**MOBILE FOOD VENDING
BACKGROUND CHECK
AFFIDAVIT**

DEPARTMENT OF
PUBLIC SAFETY

PLEASE COMPLETE AND SIGN AT THE LICENSE SECTION

I, _____, owner of, _____, a mobile food vendor, 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 Printed Name: _____

Owner's Signature: _____

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

Officer or Agent of the Director of Public Safety

OFFICE USE ONLY

LICENSE # _____

ISSUE DATE _____

EXPIRATION DATE _____

**DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTION**

**MOBILE FOOD VENDOR
APPLICATION**



DEPARTMENT OF
PUBLIC SAFETY

CHECK ALL THAT APPLY

NEW **RENEWAL**

TRUCK **TRAILER** **PUSHCART** **PEDI-CART**

OWNER INFORMATION

Owners Name:

Business Name:

Date of Birth:

Federal ID #:

Home Address:

City:

State:

Zip Code:

Business Address:

City:

State:

Zip Code:

Phone Number:

Business Phone:

Cell Phone:

Email:

Ohio Driver's License Number:

Expiration Date:

Sex: M F

Race:

Height:

Weight:

Hair:

Eyes:

Are you a U.S. citizen? YES NO

Place of Birth:

Are you a legal resident? YES NO

Registration #:

If born outside of the U.S., proof of citizenship or permanent registration card must be submitted.

Have you had a City of Columbus license and/or permit revoked, suspended or refused within the last three (3) years? YES NO

If **yes**, please explain:

Have you ever been convicted of a felony? YES NO

If **yes**, list all felony convictions in the United States over 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 began:

VEHICLE INFORMATION

Power Source: (Check All That Apply) Propane Generator Electric Other:

Where Will Food Items Be Sold?

Congestion Zone: YES NO Private Property: YES NO

Commercial Zone: YES NO Mobile Food Vending Court: YES NO

Non-Commercial Zone: YES NO Other: YES NO

FOR OFFICE USE ONLY

Proof Of City of Columbus Income Tax YES NO

Proof Of OH Department of Taxation YES NO

Proof Of Insurance YES NO

Health Approval YES NO DATE:

Fire Approval YES NO DATE:

License Section Approval YES NO DATE:

Decal Issued YES NO NUMBER:

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 THE DENIAL OF THE APPLICATION OR FUTURE REVOCATION OF THIS LICENSE. APPLICANT MAY ALSO BE REFERRED FOR CRIMINAL PROSECUTION.

State of Ohio, County of Franklin

_____, being duly sworn, deposes and says
(Print Applicant Name)

he/she is the individual making the foregoing application; that he/she is knowledgeable with respect to that which is to be licensed; and that the answers to the foregoing questions and other statements contained herein are true of his/her own knowledge and belief.

(Applicant Signature)

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

Notary or Agent of Director of Public Safety

MUST BE SIGNED, DATED and NOTARIZED

\$50.00 NON-REFUNDABLE APPLICATION FEE

Affidavit Submitted

For Licensing Use Only:
Letter of Good Standing Submitted
Yes No

Original Submission
Renewal Submission

AFFIDAVIT For License Application

State of Ohio)
County of Franklin) ss: Nature of License Requested: _____
See the listing below

_____, being first duly sworn, deposes and says that I, and/or the business for which I am requesting a license, have no outstanding filing of tax returns and/or a tax due obligation with the City of Columbus, Division of Income Tax.

I, the undersigned, authorize the Columbus Income Tax Division to share relevant information with the Columbus License Section as to whether or not I am, or the referenced business is, in good standing with all City tax obligations.

Check one:

- I have an existing tax account with the City of Columbus
- I have had no need for a city tax account before this date.

Print Legal Name of Individual or Business for which the license is being requested

Mailing Address for Tax Returns or Correspondence

Social Security Number or Federal Employer Identification Number

City/State/Zip

Affiant (Applicant's) Signature

SWORN TO BEFORE ME and subscribed in my presence this _____ day of _____, 201_____.

Notary Public

Do not complete this Affidavit if you have an outstanding tax obligation with the Columbus Division of Income Tax or are uncertain about prior obligations. Incomplete, false or illegible information may result in the denial or revocation of your license. If you have any questions regarding prior tax obligations or you do not understand local taxes, please contact the Columbus Income Tax Division at (614) 645-7370, Monday through Friday 8:00 a.m. through 5:00 p.m.

This notarized form is to be submitted to:
Dept. of Public Safety
License Section
750 Piedmont Ave.
Columbus, Ohio 43215

Do not submit any Federal, State or City tax forms to the License Section. This Affidavit will be forwarded to the Columbus Division of Income Tax to determine your eligibility for a license or renewal.

My Commission Expires

Types of Licenses:

- Alarms
- Arcade
- Carnival
- Charitable Solicitations
- Closing Out Sale
- Closing Out Sale Extension
- Commercial
- Commercial Sales License
- Commercial Sales Promoter
- Distressed Merchandise Sale
- Distressed Merchandise Ext.
- Horse Carriage Company
- Horse Carriage Driver
- Itinerate Vendor
- Livery Chauffeur
- Livery's Owner License
- Massage Establishment
- Masseuse/Masseur
- Mobile Food Vendor
- Pedicab Driver
- Pedicab Owner
- Peer to Peer Company
- Peer to Peer Driver
- Pool Billiard
- Professional Fundraising
- Scrap Metal Facility
- Taxi Driver
- Taxi Owner