

K

DEPARTMENT OF PUBLIC SAFETY  
LICENSE SECTION



MOBILE FOOD VENDING  
LICENSE CHECKLIST

DEPARTMENT OF  
PUBLIC SAFETY

PLEASE CHECK OFF BOXES AS REQUIREMENTS ARE COMPLETED

- Completed Mobile Food Vending License Application
- Completed Background Check (owner only)
- Health Inspection
- Fire Inspection
- MFV Unit Inspection (License Section)
- Ohio Department of Taxation Vendors License
- Certificate of Insurance (\$1M for trucks and trailers; \$300,000 for pedi-food carts and pushcarts; vehicle or trailer must be listed as insured and the City of Columbus must be certificate holder)
- Vehicle or Trailer registration from BMV
- Criminal Background Affidavit
- A completed and notarized affidavit affirming that there are no outstanding City tax obligations (included in this packet)

- 
- Application Fee: \$50.00
  - License Fee: \$180.00
  - City Right-of-way Fee: \$250.00 (if applicable)

Signature: \_\_\_\_\_

**OFFICE USE ONLY**  
 LICENSE # \_\_\_\_\_  
 ISSUE DATE \_\_\_\_\_  
 EXPIRES \_\_\_\_\_

**DEPARTMENT OF PUBLIC SAFETY  
 LICENSE SECTION**



**MOBILE FOOD VENDOR  
 APPLICATION**

DEPARTMENT OF  
 PUBLIC SAFETY

**CIRCLE ALL THAT APPLY**

**NEW RENEWAL TRUCK TRAILER PUSHCART PEDI-CART**

**OWNER INFORMATION**

Owners 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 #:	
<b>If born outside of the U.S., proof of citizenship or permanent registration card must be submitted.</b>		
Have you had a City of Columbus license and/or permit revoked, suspended or refused within the last three (3) years? YES NO		
If <b>yes</b> , please explain:		
Have you ever been convicted of a felony? YES NO		
List all felony convictions in the United States over the past seven (7) years. If none, write "NONE".		
Are you on felony probation or parole? YES NO	If <b>yes</b> , date began:	
Have you ever been required to register as a sexual offender? YES NO	If <b>yes</b> , date began:	

**VEHICLE INFORMATION**

Power Source: (Circle 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

City of Columbus, Ohio  
Office of the City Auditor  
Income Tax Division

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:

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

I have an existing tax account with the City of Columbus

I have had no need for a city tax account before this date.

\_\_\_\_\_  
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

\_\_\_\_\_  
My Commission Expires

**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.

### 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
- Masseur/Masseuse
- 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