THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING AND ZONING SERVICES

Mobile Food Vending Background Check Affidavit

Phone: 614-645-8366
Email: vfh@columbus.gov

I, _____, owner/operator of _____,
Owner or Applicant Name *Mobile Food Vending Company Name or DBA*

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 Columbus City Code 573.08 (b). I also agree to provide written documentation via email to the License Section of any additional employees not listed below. Furthermore, I agree to provide written documentation of any modification, damage, destruction, or decommission of the unit within ten (10) calendar days of such change as set forth in Columbus City Code 573.03 (b)(10) and (11).

I certify that these statements are true and acknowledge that any false information contained herein may subject me to certain penalties which include but are not limited to suspension, revocation, or permanent revocation of the Mobile Food Vending license.

List all employees that will be working on or at this Mobile Food Vending unit:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

Certain information 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 or future revocation of this permit, as well as criminal prosecution under Columbus City Code 2321.13 (A)(3) and (A)(5).

I hereby acknowledge the above statement regarding public records disclosure by checking this box. ☐

State of _____, County of _____:

_____, bring duly sworn, deposes and says he or she is the
Print Affiant Name

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

_____
Affiant Signature

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

_____
Notary or Agent of Director of Building and Zoning Services