THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING AND ZONING SERVICES

Mobile Food Vending Information Sheet

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

Requirements:

- Mobile Food Vending Application
- Proof of Identity (e.g. State-issued driver license/ID card, Military ID, Passport)
- Title/Memorandum Title or Bill of Sale
  *Only required for Trucks/Trailers
- Valid BMV Commercial Vehicle Registration
- Certificate of Insurance for Commercial General Liability policy
  - Minimum of $1,000,000 coverage for Trucks/Trailers
  - Minimum of $300,000 coverage for Pushcarts/Pedi-carts
- Letter of Good Standing from City of Columbus Income Tax Division (available via crisp.columbus.gov)
- State of Ohio Health Food Service License or completed Health Inspection Form
  - If residing in Columbus, Columbus Public Health (614-645-7005)
  - If residing outside Columbus, Franklin County Public Health (614-525-3160) or your local health department
- Propane Pressure Leak Test Form
  *Only required if using propane
  - Performed in the past twelve (12) months
- State of Ohio Transient Vendor's License (available via tax.ohio.gov/home/forms/landing-page-area/st1t)
  *Only required if selling any taxable goods (e.g. soda, soft drinks containing <50% vegetable/fruit juice)
- Background Check Affidavit
  *Only required if applying for Public Right of Way permit
- BCI Background Check
  *If conducted at another authorized WebCheck agency, results must be mailed directly to the License Section

Fees:

Application	$20.00	Mobile Food Vending license	$180.00
BCI Background Check	$32.00	Public Right of Way permit	$250.00

Office Location and Hours:

4252 Groves Rd
Columbus, OH 43232

Monday – Friday
8:00 AM – 3:30 PM

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Office Use Only

License #: _____

Issue Date: _____

Exp Date: _____

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DEPARTMENT OF BUILDING AND ZONING SERVICES

Mobile Food Vending Application

Address: 4252 Groves Road, Columbus, Ohio 43232
Phone: 614-645-8366
Email: mfv@columbus.gov

☐ New ☐ Renewal

☐ Truck ☐ Trailer ☐ Pushcart ☐ Pedi-cart ☐ Ice Cream Truck

Applicant Information:

Applicant Affiliation with Business: ☐ Owner ☐ Manager ☐ Operator ☐ Representative ☐ Other

Name: _____ Title: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Driver License #: _____ State: _____

Phone #: _____ Email: _____

Have you **ever** been convicted of a felony? ☐ Yes ☐ No

List any felony convictions in Ohio within the past seven (7) years (if none, write "none"): _____

_____

Are you on felony probation or parole? ☐ Yes ☐ No If yes, date began: _____

Have you **ever** been required to register as a sex offender? ☐ Yes ☐ No If yes, date registered: _____

Have you or your company had a City of Columbus license/permit refused, suspended, or revoked in the past three (3) years? ☐ Yes ☐ No

Business Information:

Business Name: _____ Federal ID #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Business Phone #: _____ Business Email: _____

Mobile Food Vending Unit Name (DBA) (if different from above): _____

Mailing Address: _____ City: _____ State: ____ Zip Code: _____

Mobile Food Vending Unit Information:

Year: _____ Make: _____ Model: _____

VIN: _____ License Plate #: _____ State: _____

Power Source (check all that apply): ☐ Propane ☐ Generator ☐ Other _____

Where will food items be sold? ☐ Public Right-of-Way ☐ Private Property*

***If Private Property, list location(s) below:**

1. Address: _____ City: _____ State: _____ Zip Code: _____
2. Address: _____ City: _____ State: _____ Zip Code: _____
3. Address: _____ City: _____ State: _____ Zip Code: _____

Does that which is to be licensed conform to the Columbus City Code, including but not limited to Building, Health, Fire, and State of Ohio and Federal laws applicable thereto? ☐ Yes ☐ No

Do you agree to conform to and abide by all statutes contained within Chapter 573 (governing Mobile Food Vending)? ☐ Yes ☐ No

Do you understand that a violation of CCC Chapter 573 may cause suspension or revocation of all licenses issued there under? ☐ Yes ☐ No

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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. ☐

If you or a member of your immediate family is a designated public service worker employed in a position as listed under ORC 149.43 (A)(7), please provide a form of proof, along with the name and primary residence of said person: _____

State of _____, County of _____:

_____, bring duly sworn, deposes and says he or she is the
Print Applicant 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.

_____
Applicant Signature

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

_____
Notary or Agent of Director of Building and Zoning Services

Office Use Only

License #: _____

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING AND ZONING SERVICES

Propane Pressure Test/Leak Check Form

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

General Information:

Name of MFV Unit: _____ Date of Inspection: _____

Owner Name: _____ Phone #: _____

Owner Address: _____

City: _____ State: _____ Zip Code: _____

Unit Information:

Unit Type: ☐ Mobile Food Truck ☐ Mobile Food Trailer ☐ Mobile Food Pushcart

VIN: _____ License Plate: _____ State: _____

Type of Gas Appliance and BTU Rating:

1. _____
2. _____
3. _____
4. _____
5. _____

Test Performed:

	PASS	FAIL		PASS	FAIL
Leak Test (10 minute minimum)	☐	☐	Pressure Test (3 minute minimum)	☐	☐

Comments: _____

_____ *Name of Technician*

_____ *Signature of Technician*

_____ *Name of Inspection Facility*

_____ *Business Certification #*

_____ *Street Address*

_____ *Business Phone #*

_____ *City* _____ *State* _____ *Zip Code*

_____ *Business Email*

This form to be **completed by any Propane Specialist or Licensed Plumber** qualified to conduct the tests. Test provider requested to **email completed form to cfdmfvinfo@columbus.gov and mfv@columbus.gov**, as well as to customer.

THE CITY OF COLUMBUS
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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. _____

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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

SCOTT MESSER
Director

THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING
AND ZONING SERVICES

MOBILE FOOD VENDING INFORMATION

Private Property Requirements:

If you plan to operate on private property, the following information must be submitted to the License Section:

- Address of location
- Printed aerial photo of the location (Google Maps, Franklin County Auditor, GIS)
- Printed sidewalk photo of the location
- Signed letter of permission from the property owner or authorized personnel – must list contact information

Both aerial and sidewalk photos must be marked with the spot's approximate location.

THE ABOVE LOCATION MUST BE APPROVED BY THE LICENSE SECTION BEFORE OPERATING.

**** YOUR PROPANE PRESSURE TEST/LEAK CHECK CAN BE PERFORMED BY ANY PROPANE SPECIALIST OR LICENSED PLUMBER THAT CAN COMPLETE THE REQUIRED TESTING LISTED ON PAGE #5 OF THIS PACKET. ALL PROPANE PRESSURE TEST/LEAK CHECK PROVIDERS MUST COMPLETE PAGE #5 TEST FORM AND ELECTRONICALLY SUBMIT IT TO THE LICENSE SECTION AS LISTED ON THE FORM.**

Note: If you are using Columbus Public Health, your Mobile Food Service Operation License must be paid prior to your scheduled inspection time. If mobile unit is new, please contact City of Columbus Health at 614-645-7005.

Contacts:

1. City Income Tax Division
   77 N Front St, 2nd Floor Columbus,
   OH 43215
   (614) 724-0440
   https://crisp.columbus.gov/_/
   help line 614-645-8899, 9am-4pm,
   Monday through Friday.

2. Columbus Public Health
   240 Parsons Ave
   Columbus, OH 43215
   (614) 645-7005

3. Division of Fire, Public Assembly Section
   3639 Parsons Ave
   Columbus, OH 43207
   (614) 645-7641 ext 75653
   cfdmfvinfo@columbus.gov

4. Ohio Dept. of Taxation, Vendor's License
   4486 Northland Ridge Blvd
   Columbus, OH 43224
   (888) 405-4039

STREETFOODFINDER

Welcome to the City of Columbus PROW Program! Now that you have your PROW permit you'll want to get access to the StreetFoodFinder booking system so that you can book designated PROW spots in Columbus. Both renewals and new permit holders must go through these steps.

Want to see a more detailed version with pictures of these steps? Visit https://streetfoodfinder.com/helpme

Step 1) Login to StreetFoodFinder by going to https://streetfoodfinder.com/login . You will login with your truck / carts Twitter account.

Step 2) If this is your first time through StreetFoodFinder, please go through the setup process.

Step 3) Go to the "Permits" page. Add your MFV and PROW Permits into the system. This is the PAPER copy (not the decal). If you didn't receive it at the one stop, you'll receive it in the mail.

Step 4) Go to the "Groups" page and select the "City of Columbus PROW Program". Fill out the application and carefully read the rules for the program and system. You will receive an email that your application was received.

Step 5) Within 48 hours you will receive a response on the status of your application. If you are denied you will be given information stating why so you can correct the issue

Step 6) Head to the "Book Events" page so that you can now book locations you'd like to visit.

For any questions or issues please email support@streetfoodfinder.com