

MOBILE FOOD VENDING INFORMATION SHEET

REQUIREMENTS

- **Mobile Food Vending Application** - Submt application in person at the Fire Station.
- **Proof of Identity** - i.e. State issued Driver's License/I.D. Card, Military I.D., Passport.
- **Valid Vehicle or Trailer Registration**
- **Certificate of Insurance for Valid Commercial Liability Insurance**
Licking Township Trustees P.O. Box 222 Jacksontown, Oh 43030 must be listed as the Certificate Holder.
 - Minimum of \$300,000.00 for Pushcarts and Pedi-carts
 - Minimum of \$1,000,000.00 for Trucks and Trailers
- **Propane Pressure Test/Leak Check** - Submit your Propane Pressure Test/Leak Check (page3)
- **State of Ohio Transient Vendor's License** - Contact Ohio Taxpayer Services Division at 888-405-4089 - (Required only if selling taxable items, i.e. soda, shirts, drinks containing less than 50% vegetable or fruit juice by volume.)
- **State of Ohio Health Food Service License or Health Inspection Form**
-Contact Licking County Health Dept at 740-349-6535 to request your inspection. If you live outside of Licking County you will need to contact your local county health department.

**** Bring the completed application and all of the above required documents to the Fire Department at the below listed address to complete your application and to be scheduled for your required Fire Inspections.**

Permit Costs

- **Mobile Food Vending License fee - \$200.00**

OFFICE LOCATION

Licking Township Fire Company
9384 Jacksontown Rd Thornville,
OH 43076

OFFICE USE ONLY

License # _____
 Decal # _____
 Issue Date _____
 Expiration Date _____

Licking Township Fire Company

MOBILE FOOD VENDOR APPLICATION



NEW RENEWAL

TRUCK TRAILER PUSHCART PEDI-CART ICE CREAM TRUCK

APPLICANT INFORMATION

What is your affiliation with the Mobile Food Vending business? (Check all that apply)

Owner Manager Operator Representative Other: _____

Full Name:

Date of Birth:

Residential Address:

City:

State:

Zip:

Phone:

Email:

Driver's License #:

State:

Expiration Date:

Have you ever been convicted of a felony? Yes No

(If yes, provide a list of all felony convictions that occurred in the United States within 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 registered:

Have you had a Licking Township license and/or permit revoked, refused, or suspended within the past three (3) years?

Yes No

OWNER INFORMATION

Full Name:

Date of Birth:

Residential Address:

City:

State:

Zip:

Phone:

Email:

BUSINESS INFORMATION

Business Name:

Business Address:

City:

State:

Zip:

Business Phone:

Business Email:

Name listed on the Mobile Food Unit:

Federal ID #:

Will you be selling taxable items? (such as soda or shirts)

Yes

No

***If you answered yes you will need a Vendor's License. Refer to Info page.**

VEHICLE/TRAILER INFORMATION

Year:

Make:

Type:

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 address(es):

I have read, understood, and meet all provisions set forth by the Ohio Revised Code, and NFPA including, but not limited to, Fire, Health, and Public Services requirements (O.R.C. 3717 & NFPA 54, 58, 70).

Yes

No

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 denial, revocation, or future revocation of the license, and may be referred for criminal prosecution under Ohio Revised Code Chapter 2921.13 (A-3).

Applicants who believe they meet the definition of a "designated public service worker" as defined in ORC 149.43(A)(7)-(9) and/or would qualify to have their information redacted pursuant to ORC 149.43(A)(8) shall notify the Fire Department at the time of application and shall provide sufficient supporting evidence/documentation to the Fire Department with their application.

State of _____, County of _____

I, _____, being duly sworn, affirm and swear that I am the individual
(Print Applicant's Name)

making the foregoing application; that he or she is knowledgeable with respect to that which is to be licensed and to the information contained in the application; that the answers, statements, and allegations made in this application are true and accurate to the best of my knowledge and belief; and that I am an owner/operator/applicant of that which is to be licensed by this application.

(Applicant's Signature)

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

Notary or Agent of Fire Department

Propane Pressure Test / Leak Check

Date of Test

Name of Mobile Food Vending Unit: _____

Name of Owner: _____ Phone: _____

Owner Address: _____

City: _____ State: _____ Zip Code: _____

Unit Type: (Check One) Mobile Food Truck Mobile Food Trailer Pushcart

Unit License Plate: _____ State: _____ Unit VIN: _____

Type of Gas Appliance and BTU Rating

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

Test Performed

Leak Test - 10 Minute Minimum (Check One)	Passed	Pressure Test - 3 Minute Minimum (Check One)	Passed
	Failed		Failed

Comments: _____

Business Name: _____ Test Technician : _____

Business Address: _____ City: _____ State: _____

Zip Code: _____ Business Certification # _____

Business Phone: _____ Business Fax: _____ Business E-Mail: _____

Form Completed By

Date

Mobile Food Vending Unit Owner's Name

Date

Note: Test provider must email the completed form to licensing@ltfc600.org Also, provide the customer a printed copy and an emailed copy.

Questions? - Please email questions to the above email. You can also call 740-323-0211, if you get a voicemail be sure to leave a message. **Test can be performed by any Propane Specialist or Licensed Plumber that can perform the required test.**