



Information & Instruction Sheet for Mobile Food Shop Locations

Phone: (216) 664-2264

Hours of Operation:
8:00 a.m. to 4:30 p.m. Weekdays

DALLicenses@clevelandohio.gov

When do you need a Mobile Food Shop Location Permit?

A Mobile Food Shop Location Permit is required to sell, offer for sale, or display food items from a vending device as a mobile retail food establishment **or** mobile food service operation as defined by the Ohio Revised Code Chapter §3717, Retail Food Establishments; Food Service Operations. **This permit is required for all food carts, food trucks or any other type of mobile food vending device.**

Please note that this permit is required for any mobile retail food establishment or mobile food service operation participating in any special event, including those sponsored by City Council.

This permit expires annually on April 15th.

City of Cleveland Codified Ordinance Chapter §241, Food Shops.

City of Cleveland employees may not provide legal advice to the public. The information provided is for informational purposes only and is not legal advice. For questions regarding the application of a city ordinance or regulation, you should consult an attorney regarding your specific situation.

How to obtain and/or submit Mobile Food Shop Location Permit Applications:

In Person/Mail: Cleveland City Hall
Division of Assessments and Licenses
601 Lakeside Avenue, Room 122
Cleveland, OH 44114

What to bring or submit to the Division of Assessments and Licenses:

- 1) A completed and signed application for **each vending device** that you wish to operate.
- 2) A **current** color photograph of the vending unit and all proposed accessories.
Note: No vending unit may be placed on a public sidewalk if the unit is self-propelled or exceeds six (6) feet in length or four (4) feet in width.
- 3) A **copy** of your current and valid government issued identification.
- 4) A **copy** of a current and valid vehicle registration for each vending unit.
Note: The vehicle title will not satisfy this requirement.
- 5) A **copy** of your current mobile food service license **and/or** paid receipt for the **2023-2024** licensing period from a local health department. For more information, please contact the Cleveland Department of Health at (216) 664-4897.
Note: If you operate multiple vending units, a separate food service license is required for each unit.
- 6) A **copy** of your **2023** Certificate of Qualification/Inspection from the Cleveland Division of Fire. This requirement is for all units that will use propane or any other flammable substance. For more information or to schedule an appointment, please contact (216) 664-6664.
Note: The Property Owner's Permission granted by this permit does not negate the permission required in #8 on this list if you wish to operate from any property owned by the City of Cleveland (excluding city streets).
- 7) A **copy** of the certificate of insurance, or an acknowledgment thereof, by an insurance carrier licensed to do business in this state, evidencing comprehensive general liability coverage in the amount of one hundred thousand dollars (\$100,000.00), to protect against damage to property and/or persons resulting from the operation of the mobile food shop; the City of Cleveland must be listed as an Additional Insured on the Certificate.
- 8) If operating from private property, attach proof of ownership of the property **or** a notarized document from the **property owner** authorizing the use of the property. The document must be legible and contain the property owner's name, address and telephone number.
Note: If the property is owned by the City of Cleveland, permission is required from the Director of Public Works. Property types include vacant lots, recreation centers and city parks.
- 9) **Fee of \$100.00.** Fees are payable by cash, check or credit card. **This fee is non-refundable.** Make checks payable to the City of Cleveland.



CITY OF CLEVELAND
Mayor Justin M. Bibb

Mobile Food Shop Application

City of Cleveland
Division of Assessments and Licenses
601 Lakeside Avenue, Room 122
Cleveland, Ohio 44114

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Date:	Fee: \$100.00 per application (Non-Refundable) **ONE DEVICE PER APPLICATION**		
SECTION A - APPLICANT INFORMATION			
Name:			
Address:			
City:	State:	Zip:	
Telephone #:	Email:		
Date of Birth :	Social Security Number:		
Eye Color:	Hair Color:		
Weight:	Height:		
SECTION B - CORPORATION / BUSINESS INFORMATION			
Name:			
Address:			
City:	State:	Zip:	
Telephone #:	Email:		
Federal ID Number:			
SECTION C - DEVICE INFORMATION			
CART <input type="checkbox"/>		TRUCK <input type="checkbox"/>	
TRAILER <input type="checkbox"/>			
Vehicle Identification Number (VIN):			
2023-2024 Food Service/Retail Food Establishment License #:			
Detailed description of vending device including dimensions:			
Detailed description of food products to be sold, offered or displayed:			
Describe your proposed trash storage and waste disposal methods, electrical and water connections and any fuels or electric generators to be used on the premises:			
SECTION D - DECLARATION			
Applicant hereby acknowledges that he/she has read and understands Codified Ordinances, §241.36 (Mobile Food Shops – Location Permits; Fee), §241.37 (Mobile Food Shops – Location Restrictions), §241.38 (Mobile Food Shops – Regulations), and §241.99 (Penalty) and understand the obligations of a Mobile Food Shop Owner.			
SIGNATURE OF APPLICANT		DATE	



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FOOD TRUCKS AND TRAILERS ONLY

Check all Wards of Desired Vending

<input type="checkbox"/> Ward 1	<input type="checkbox"/> Ward 2	<input type="checkbox"/> Ward 3	<input type="checkbox"/> Ward 4	<input type="checkbox"/> Ward 5	<input type="checkbox"/> Ward 6	<input type="checkbox"/> Ward 7	<input type="checkbox"/> Ward 8	<input type="checkbox"/> Ward 9
<input type="checkbox"/> Ward 10	<input type="checkbox"/> Ward 11	<input type="checkbox"/> Ward 12	<input type="checkbox"/> Ward 13	<input type="checkbox"/> Ward 14	<input type="checkbox"/> Ward 15	<input type="checkbox"/> Ward 16	<input type="checkbox"/> Ward 17	

FOOD CARTS ONLY

A SIDEWALK SKETCH MUST BE COMPLETED FOR EACH DESIRED LOCATION. INCLUDE THE FOLLOWING:

- BOTH THE WARD NUMBER AND THE DESIRED VENDING LOCATION;**
- EACH CROSS STREET MUST BE LABELED;**
- MARK THE DESIRED VENDING LOCATION WITH AN "X"; AND**
- INCLUDE EASILY IDENTIFIABLE POINTS, SO THAT THE EXACT LOCATION CAN BE RECOGNIZED WITHOUT FURTHER EXPLANATION.**

Ward # 3	Desired Location: NEC of W. 25 th Street and Lorain Avenue	Ward #	Desired Location:
<p>Example:</p>			

Ward #	Desired Location:	Ward #	Desired Location:

Include additional sketches if necessary

ALL DEVICES

List all desired private property locations. (Please note that notarized permission from the property owner must be attached.)

Address:	Ward #	Address:	Ward #
Address:	Ward #	Address:	Ward #
Address:	Ward #	Address:	Ward #