



City of Elyria

330 East Broad St
Elyria, Oh 44035

Fire Department
Bureau of Arson and Fire Prevention

Phone 440.323.1027
Email FirePrevention@cityofelyria.org



2025 MOBILE FOOD VENDOR APPLICATION

NEW RENEWAL

TRUCK TRAILER PUSH CART PEDI-CART ICE CREAM TRUCK

OWNER INFORMATION

Full Name:			Date of Birth:		
Residential Address:					
City:		State:		Zip:	
Phone:			Email:		
Driver License #:			State:		Expiration Date:
Race:	Sex:	Ht:	Wt:	Hair:	Eyes:

Comments:

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

Yes No

BUSINESS INFORMATION

Business Name:			Federal ID #:		
Business Address:					
City:		State:		Zip:	
Business Phone:			Business Email:		





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VEHICLE/TRAILER INFORMATION			
Year:	Make:	Type:	
VIN:	License Plate:	State:	
Power Source(s):	<input type="checkbox"/> Propane	<input type="checkbox"/> Generator	<input type="checkbox"/> Electric <input type="checkbox"/> Other _____
If you chose Electric, please specify power needs: Volts _____ No. of Outlet Connections _____ Amps _____			
Dimensions of Unit: Length(ft) _____ Width(ft) _____ Height(ft) _____ Awning(ft) _____			
Hazardous Substances/Materials (Check all that apply):			
<input type="checkbox"/> Flammable Liquid Name: _____ Quantity: _____ Storage Method: _____ Use: _____			
<input type="checkbox"/> Combustible Solid Name: _____ Quantity: _____ Storage Method: _____ Use: _____			
<input type="checkbox"/> Compressed Gas Name: _____ Quantity: _____ Storage Method: _____ Use: _____			
<input type="checkbox"/> Other Name: _____ Quantity: _____ Storage Method: _____ Use: _____			
Special Requirements (Check all that apply):			
<input type="checkbox"/> Open Flame/Barbecue Grills/Seasoned Wood Fire Grills Method of hot ash disposal: An approved container and secured to prevent tipping with approval of Elyria FPB during site inspection.			
<input type="checkbox"/> Propane (LPG) A maximum of two (2) one hundred pound (100#) cylinders per area. <i>All propane cylinders shall be adequately stored, secured, transported and shall comply with all local, county and state laws. A copy of a current third party Pressure-Leak Testing and General Inspection of the LPG system per the Ohio State Fire Marshal's Technical Bulletin #19-001 Checklist.</i>			
<input type="checkbox"/> Fire Extinguisher (Tent/Canopy/Food Vendor – NO COOKING) Required to have Dry Chemical Fire Extinguisher 3-A; 40-B:C Rating.			
<input type="checkbox"/> Fire Extinguisher (Tent/Canopy/Food Vendor – COOKING) Required to have Dry Chemical Fire Extinguisher 3-A; 40-B:C Rating. Required to have Class K Fire Extinguisher when utilizing cooking oils. Cooking under and/or utilizing open flame within a tent/canopy is prohibited.			
<input type="checkbox"/> U/L Working CO Detector with battery back-up (hard wired or receptacle type in kitchen area)			
<input type="checkbox"/> Two (2) Means of Egress In Unit Remote From Each Other At Least 5.7 Square Feet In Size			
<input type="checkbox"/> "No Smoking" Signs Conspicuously Posted Inside & Also Outside Near Compressed Gas Storage			





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2025 MOBILE FOOD VENDING APPLICATION AFFIDAVIT

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, or future revocation of this permit. The acceptance of the permit herein applied for shall constitute an agreement on (my/our) part to abide by all the conditions herein contained, and to comply with all current ordinances of the City of Elyria, County of Lorain, the laws of the State of Ohio, and all the rules and regulations of the Ohio Fire Code and State Fire Marshal as it relates to the storing, handling, sales and use of Hazardous Substances/Materials and Mobile Food Units.

- Attach to this application a copy of your current Driver's License or State ID card
- Attach to this application a copy of the Liability Insurance Bond (minimum \$1,000,000.00 for trucks and trailers and \$300,000.00 for pushcarts and pedi-carts). Certificate holder must list CITY OF ELYRIA
- Attach to this application a copy of the current State of Ohio or Lorain County Board of Health and Food Certificate
- If using LPG (Propane), attach to this application a copy of the current third party Pressure-Leak Test for LPG (Propane) cooking and General Inspection for LPG (Propane) per the Ohio State Fire Marshal's Technical Bulletin #19-001 Checklist

I, _____ owner of, _____ a mobile food vendor, hereby acknowledge that upon issuance of a EFD Mobile Food Vending permit, I will obtain criminal background checks of all employees and will not employ any individual who has a criminal conviction when operating in the public right-of-way. I will provide written documentation of any modification, damage, destruction or decommission of the unit within ten (10) calendar days of such change. I understand that I am certifying that these statements are true and acknowledge that the information contained herein may subject me to certain penalties which include, but not limited to, suspension, revocation or permanent revocation of the EFD Mobile Food Vendor permit. State of Ohio, County of Lorain, City of Elyria.

Owner's Printed Name: _____

Owner's Signature: _____ Date: _____

Approved Disapproved

Inspector's Signature: _____ Date: _____





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2025 Mobile Food Vending LPG (Propane) Pressure-Leak Test And General Inspection Certification

Piping systems, including hose, shall be pressure tested and proven free of leaks in accordance with NFPA 58 (2014), section 6.14. The LPG system shall comply with the OFM Technical Bulletin #19-001, NFPA 58 (2014) sections 6.9.3, 6.9.6, ANSI Z21-69-2015 and 6.13.

The below named business has conducted the required testing and inspection on the LPG (Propane) system for this vendor.

Business Name: _____

Business Address: _____

City, State, Zip: _____

Business Certification Number: _____

Mobile Food Vendor Information

Business Name: _____

Business Owner: _____

Business Address: _____

City, State, Zip: _____

Business Email: _____ Business Phone: _____

Fire Inspector Use ONLY

Verified: _____ Date: _____ Inspector: _____

The business conducting the testing will attach a copy of the PASS/FAIL report to this form. This form is to be included in the paperwork that is presented to the Fire Inspector for inspection. No permit is to be granted without passing a certified acceptance test.

