

DEPARTMENT OF HEALTH
BUREAU OF COMMUNITY HYGIENE
FOOD SAFETY & HYGIENE INSPECTION
SERVICES DIVISION

MOBILE FOOD VENDING INFORMATION PACKET – EXISTING VENDORS

The “Mobile Food Establishment (Vendor) Plan Review Application and Health Inspection Certificate Guidance Packet” provides information needed to submit and to receive approval for the design and function of a mobile food vending unit. An inspection of the vehicle must be conducted to obtain a mobile food vendor “Health Inspection Certificate” that is required to operate as a mobile food vendor in the District of Columbia.

NEW mobile food vending operations must meet requirements to operate a business in the District of Columbia. Business operation related information as well as licensing information can be obtained by contacting the Department of Consumer & Regulatory Affairs (DCRA), One-Stop Center at **1100 4th Street SW** (202) 442-4512.

Below you will find the steps that must be taken to obtain a valid health inspection certificate.

- Step 1. Depot Letter Submitted
- Step 2. Health Inspection Conducted
- Step 3. Health Inspection Certificate Obtained

STEP 1. DEPARTMENT OF HEALTH – DEPOT LETTER SUBMISSION

Complete the attached depot letter and provide original during inspection.

All vendors must maintain access to an approved depot location. The depot should have the ability to support your operation with regard to food supply / storage, Water Supply, Food Preparation, General Supply Storage, Storage of mobile food vending unit, Repairs, Cleaning of Equipment / utensils, Waste Disposal and Cooking Oil Recycling (provide copy of contract)

STEP 2. DEPARTMENT OF HEALTH - HEALTH INSPECTION CONDUCTED

Inspections will be performed by the Department of Health on Tuesdays and Wednesdays between the hours of 9 am and 12 pm at the DC Animal Shelter parking lot located at 1201 New York Ave., NE Washington DC 20002. Payment is required at the time of the inspection is conducted in the amount of \$100.00. The fee must be paid by check or money order made out to “**DC Treasurer**”. **Credit Cards or cash are NOT accepted.**

Inspectors may also perform inspections as part of their regular schedule given the proximity of the vending unit to the inspection route. It is strongly encouraged that vendors attend the scheduled inspection location during the designated time frame. Vendors **who pass** their inspection will receive a pink copy of their inspection results which will serve as a temporary health inspection certificate. This temporary certificate will be valid for 30 days from the date of inspection. Vendors **MUST** obtain their permanent health inspection certificate from our office prior to the 30 day expiration.

Inspection will verify the following:

- ◆ Proof of ownership, proper identification and license.
- ◆ Proof of District-issued Certified Food Protection Manager (CFPM) Identification Card.
- ◆ Food purchase record storage and record keeping.

- ◆ Depot, commissary or service support facility that meets vending unit operation needs. A copy of license for the service support facility and/or a recent inspection report is required to be presented.
- ◆ Approval can be denied if the proposed vending unit does not have meet operating requirements. If a new unit, then plan submission requirements must be fulfilled. If the service support facility (depot, etc) is located outside the District of Columbia, appropriate information must be provided for verification and approval of this facility.
- ◆ When the above requirements are met your vending unit may also be inspected (while operating) to determine compliance with requirements for health inspection certificate renewal approval.

STEP 3. DEPARTMENT OF HEALTH - HEALTH INSPECTION CERTIFICATE OBTAINED

Mobile vending units are required to be inspected by the Department of Health to determine if the unit is in compliance with the District of Columbia Food Code Regulations (DCMR Title 25) every six months. Mobile food vendor operations that meet District requirements will be issued a "Health Inspection Certificate" after inspection

Certified Food Protection Manager's (CFPM) Photo ID Card

As a reminder all mobile food unit operators are required to have their District-issued certification identification present during all times of operation. Your card will be valid for a period of three years from the date of the exam. To renew you must complete a Food Manager Certification Examination, contact one of the national providers listed below to make arrangements

Several providers offer the class as well as the examination at a variety of locations and times. It is suggested that individuals contact the national providers to obtain a list of instructors and/or testing centers for their convenience. The providers are as follows.

Thomas Prometric (Certified Professional Food Manager Exam)
1-800-624-2736
www.experioronline.com

ServSafe (National Restaurant Association)
1-800-765-2122
www.nraef.org

National Registry of Food Safety Professionals
1-800-446-0257
www.nrfsp.org

Once you have received your certificate, bring the **original** certificate and test score(s), (no photocopies, no faxes, no instructor letters) along with a check or money order (No Cash) for \$35 made payable to DC Treasurer and two forms of identification (one must be photo).

For questions contact the Food Safety & Hygiene Inspection Services Division, **825 N Capitol St NE, 8th Floor, Washington DC, 20002, telephone 202-535-2180.**

If you need additional information or assistance, please contact:

Department of Health
Food Safety and Hygiene
Inspection Services Division
825 N Capitol St. NE, Washington, DC 20002
(202) 535-2180, www.dchealth.dc.gov

Department of Consumer & Regulatory Affairs
1100 4th Street SW (202) 442-4512
www.dkra.dc.gov
District Department of Transportation
1100 4th Street SW (202) 442-4760
www.ddot.dc.gov

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Health Regulation and Licensing Administration**

Bureau of Community Hygiene
Food Safety & Hygiene
Inspection Services Division



FOOD VENDOR'S DEPOT LETTER

I _____, state that I will report
(Print Name of Vendor)

daily to the DEPOT / COMMISSARY (identified below) for all necessary food preparation, supplies, basic maintenance and cleaning, and proper disposal of trash and food waste.

I understand that my food vending cart, stand, or vehicle requires inspection and approval by the Department of Health, and is required to have displayed a current food vendor "Health Inspection Certificate" as required by the Food Code Regulations in Title 25 of the District of Columbia Municipal Regulations.

Name of Vendor: _____

DCRA Business License #: _____ DOH#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: () _____ Fax #: () _____ Email Address: _____

DAILY OPERATING HOURS: _____

DAYS OF OPERATION: () Sun. () Mon. () Tues. () Wed. () Thur. () Fri. () Sat.

Type of Unit/Cart: Tag# _____ State _____ Serial # _____ <input type="checkbox"/> Step van <input type="checkbox"/> Truck <input type="checkbox"/> Tow Unit <input type="checkbox"/> Stand <input type="checkbox"/> Push Cart <input type="checkbox"/> Propane Fuel <input type="checkbox"/> Electrical Generator	Menu/Types of Foods Sold <input type="checkbox"/> Prepackaged only <input type="checkbox"/> Pretzels <input type="checkbox"/> Water Ice <input type="checkbox"/> Produce <input type="checkbox"/> Ice Cream <input type="checkbox"/> Hot foods <input type="checkbox"/> Cold foods <input type="checkbox"/> USDA foods <input type="checkbox"/> Other _____
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**Indicate all Food/Beverage items to be served from your mobile food unit.
The Department reserves the right to limit your menu.)
(Attach additional sheets if necessary)**

FOOD ITEMS	WHERE IS FOOD PREPARED (On-site or Depot)	HOT / COLD HOLDING REQUIREMENTS

Name of Depot/Commissary: _____

DCRA Business License #: _____
(or other jurisdiction license)

NOTE: A copy of the most recent regulatory inspection and license must be submitted for facilities that are located and operate outside of the District of Columbia.

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone # () _____ Fax # () _____ Email Address: _____

DAILY OPERATING HOURS: _____

DAYS OF OPERATION: () Sun. () Mon. () Tues. () Wed. () Thur. () Fri. () Sat.

Please specify the support services to be provided at the Depot identified above:

- ___ Food Supply/Storage ___ Water Supply ___ Food Preparation
- ___ General Supply Storage ___ Storage of mobile food unit ___ Repairs
- ___ Cleaning of Equipment/Utensils ___ Waste Disposal
- ___ Recycling ___ Cooking Oil Recycling (provide copy of contract)

By signing this statement you attest to the accuracy of the information provided in this document and that you will comply with the Food Code Regulations in Title 25 of the District of Columbia Municipal Regulations.

Signature of Vendor Owner/Operator: _____ Date

Print Name of Vendor Owner/Operator

Signature of Depot/Commissary Owner or Operator (Required) _____ Date

Print Name of Depot/Commissary Owner or Operator

Official Use Only: **Approved:** ___ **Disapproved:** ___ **Date:** ___

Reviewer: _____

Comments:

