

Mobile Food Vending Unit Health Inspection Application

Use this form to apply for a Health Inspection Certificate to legally operate your mobile vending unit. Individual applications are required for each unit.

STEP 1: Gather supporting documents. *Submit copies of documents, NOT originals.*

For **ALL** applications, submit:

- Owner’s government-issued photo ID
- Owner’s DC-issued Certified Food Protection Manager (CFPM) Certificate
- Valid vending unit vehicle registration
- Current menu that is shared with customers
- Support facility/depot’s most recent inspection report & business license *(if facility is not located in DC)*
- Parking contract *(if applicable; see Step 3, Parking)*

If you are **renewing or changing ownership**, also submit:

- Vendor employee badges from DCRA for all employees
- Vendor business license from DCRA
- Vendor Space Permit from DCRA *(if applicable)*
- DC Fire Permit from DC Fire EMS *(if applicable)*

If you are submitting a **new application**, also submit:

- Mobile unit floor plan/blue prints *(digitally produced; no handwritten plans accepted)*
- Equipment manufacturers’ specification sheets for all equipment to be used in mobile vending unit *(e.g. sinks, refrigerators, ovens, deep fryers, flat-top grills, etc.)* Equipment must be ANSI/NSF or equivalent.

STEP 2: Find Out if you require a Hazard Analysis Critical Control Point (HACCP) Plan.

<p>Was it determined by DC Health that you require a HACCP plan?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>A HACCP plan defines the procedures for maintaining control of potentially hazardous food during preparation. This plan may be required, depending on the complexity of your menu for food processes. Email your menu to HACCP.Plans@dc.gov for a determination.</p>
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STEP 3: Fill in the Information below.

Application Type <i>(check only one)</i>		
<input type="checkbox"/> New Applicant for Mobile Vending Unit	<input type="checkbox"/> Health Inspection Certificate Renewal	<input type="checkbox"/> Change of Ownership
Mobile Vending Unit Information		
Type of mobile vending unit: <i>(check only one)</i>	<input type="checkbox"/> Food Truck	<input type="checkbox"/> Push Cart
	<input type="checkbox"/> Food Trailer	<input type="checkbox"/> Ice Cream Truck
	<input type="checkbox"/> Other: _____	
Mobile unit trade name:		
DC Health sticker number:		
Vehicle identification number:		
License plate number:	License plate state:	Vendor space permit #:
Size of clean water supply tank <i>(Carts: 5 gallon tank required Vehicles/Trailers: 38 gallon tank required):</i> _____ gallons		
Size of sewage holding tank <i>(Must be 15% larger than clean water supply tank):</i> _____ gallons		
Length of mobile vending unit <i>(No longer than 18 ft., 6 inches from bumper to bumper):</i> _____ feet _____ inches		
Height of mobile vending unit <i>(No higher than 10 ft., 6 inches from bottom of tire to top of unit):</i> _____ feet _____ inches		
Is the unit able to generate hot water (110° F) for the entire time you vend? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of generators the unit uses: <input type="checkbox"/> Propane <input type="checkbox"/> Electrical <input type="checkbox"/> Neither propane or electrical		
Vendor Information <i>List the vendor owner’s DC-Issued Certified Food Protection Manager Certificate (CFPM) number and any additional staff numbers. Attach additional CFPM certificates to application, if you have more than one staff vendor.</i>		
Vendor owner name:	CFPM #:	
Staff vendor name:	CFPM #:	

Ownership Information

Ownership Entity: Individual Corporation LLC Partnership Other: _____

Corporate name (if applicable): _____

DCRA business vending license: My license # is: _____ I am in the process of getting a license

Name of owner: _____ **Phone:** _____

Email: _____

Address: _____ **Suite:** _____ **City:** _____ **State:** _____ **ZIP:** _____

Trade names of all mobile vending units owned: _____

Support Facility/Depot *Where you store and prepare food and park and clean the mobile vending unit.*

Facility name: _____ **Facility owner's name:** _____

Facility address: _____ **Suite:** _____ **City:** _____ **State:** _____ **ZIP:** _____

Facility owner's email: _____ **Facility owner's phone:** _____

Days/times vendor will use the support facility:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

Services provided: (check all that apply) *Facilities must provide all items with an asterisk (*)*

Food Storage*
 Waste Water Disposal*
 Food Waste Disposal*
 Parking Space
 Food Preparation*
 Warewashing*
 Food and/or Ice Supply
 Other
 Fresh Potable Water Supply*
 Garbage Disposal *
 Grease Recycling

Parking *If you are not parking your mobile vending unit at the above listed facility, provide your parking arrangements below. A copy of your parking contract must be included with the submission of this form.*

Name of secure lot: _____

Name of point of contact: _____ **Point of contact phone:** _____

Lot address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Restrooms *Indicate below where you intend to use restroom facilities*

Name and address of business(es): _____

STEP 4: Certification and Signature.

By signing below, I certify that the information submitted in this application is correct and true to the best of my knowledge. I affirm my understanding that if I knowingly make a false statement on this application, I may be fined or imprisoned up to 180 days, or both as set forth in D.C. Official Code § 22-2405; and my Food Vending Business License/Permit may be suspended or revoked.

Facility owner attestation: By signing this document, I agree to provide support services to the mobile vending unit listed in this document. I understand that I am required to maintain my facility in accordance with my local regulatory authority's rules and regulations. I attest that I am currently in good standing with my regulatory authority.

- Vending owner attestation: By signing this document, I attest that:
- I am the owner of the mobile vending unit referenced by this application;
 - I have read, understand, and will follow Title 25-A of the District of Columbia Municipal Regulations;
 - I will direct all individuals who work at or for my food establishment to follow the regulations;
 - I will use the support facility indicated in this document in order to: (1) prepare food, store food, dispose of wastes, wash and sanitize utensils and equipment, and complete all other required actions necessary to serve safe food; and (2) park, clean, and store my mobile vending unit; and
 - I understand that failure to comply with the requirements of 25-A DCMR may result in the suspension of my license/permit.

Facility owner's signature: _____ **Printed Name:** _____ **Date:** _____

Vendor owner's signature: _____ **Printed Name:** _____ **Date:** _____

STEP 5: Prepare your payment.

\$100 per Health Certificate application **plus \$75** for HACCP review *(if required; see step 2)*

<p><u>In Person</u></p> <ul style="list-style-type: none"> • Check or money order made out to “DC Treasurer” • Cash, credit, or debit 	<p><u>By Mail</u></p> <ul style="list-style-type: none"> • Check or money order made out to “DC Treasurer”
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STEP 6 – Submit your application to DC Health.

<p><u>In Person</u></p> <p>899 North Capitol Street, N.E. 1st Floor Processing Center Washington, D.C. 20002 <i>Monday – Friday: 8:15 am – 4:45 pm</i></p>	<p><u>By Mail</u></p> <p>DC Health-Food Safety Division Vending Application P.O. Box 37489 Washington, D.C. 20013</p>
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Next steps.

Await DC Health review
 Applications are reviewed within 30 calendar days. Incomplete applications will be returned and may delay the process. The status of your application will be conveyed via email. If approved, you will receive a Vending Application Letter with instructions for scheduling your pre-operational/renewal inspection.

Schedule and attend your pre-operational/renewal inspection *(instructions provided in your approval letter)*

New Applications

K Street & Wesley Place, S.W.
(Lot Behind DCRA)

Health Inspection Certificate Renewals

7 DC Village Lane, S.W.

If you have had a passing inspection within the past month, you may use that inspection in place of scheduling a renewal inspection. Your new health inspection certificate will be valid for six (6) months from your passing inspection date.

Pick up your Health Inspection Certificate
 After passing the pre-operational/renewal inspection, your inspection report will serve as your temporary approval and is valid for 30 calendar days. Your new health inspection certificate will be processed within 30 days of your inspection and you will be emailed when it is ready to be picked up at DC Health. It will be valid for 6 months, at which point you will need to submit a renewal.

DC HEALTH OFFICE USE ONLY

Processed by:		Date processed:	
Application type:	<input type="checkbox"/> Review (\$100)	<input type="checkbox"/> Review + HACCP (\$175)	
Payment method:	<input type="checkbox"/> Credit/Debit	<input type="checkbox"/> Cash	<input type="checkbox"/> Check/Money Order, # _____
Missing information:			

REPORT WASTE, AND ABUSE: To report fraud, waste, or abuse within the District Government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by e-mail at hotline.oig@dc.gov, or by TTY at 711. For additional information, visit the Office of the Inspector General website at oig.dc.gov.