

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
HEALTH REGULATION AND LICENSING ADMINISTRATION**



Instructions to Apply for **Renewal or Replacement Certificate**  
(MVC)  
and **Renewal of Mobile Food Vending HACCP Plan Review**  
(MvHACCP)



- ❖ All Candidates must **obtain** and complete an application form:
  - In person – Application and Payment Forms are available in the Processing Center located in the lobby of DOH building and open Monday through Friday (except holidays) from 8:30 a.m. to 4:30 p.m.; **OR**
  - By email\* - Application and Payment Forms can be sent by sending an email request to [food.safety@dc.gov](mailto:food.safety@dc.gov)
- 1. All Candidates must **complete** and **submit** the application for review:
  - In person – Present completed application packet (if applicable), supporting documents and payment form and present in the Processing Center located in the lobby of DOH building, Monday through Friday (except holidays) from 8:30 a.m. to 4:30 p.m.; **OR**
  - By USPS mail - Submit by sending completed application and payment forms and supporting documents **with** payment to the address below; **OR**
- 2. **Payments**
  - If using a check (personal, business or certified) **or** money order make it payable to **DC Treasurer**
  - Money orders **or** checks cannot be older than 60 days
  - If using a credit/debit card, cardholder **must** present in person in the Processing Center

**REVIEW – Mobile Food Operation HACCP Plan Renewal Review (MvHACCP)**

*(DCMR Title 25-A §§3700, 3701, 3705, 3706 and 3712)*

- A. ALL mobile food operations (except pre-packaged food items and/or non-TCS) **MUST** submit a HACCP Plan for review every six (6) months. **[No inspection appointments will be scheduled until a complete MvHACCP Plan has been received and approved.]**
- B. Renewal requests for MvHACCP Plans are to be received at least thirty (30) days prior to certificate expiration.
- ❖ For review, an applicant must have **submitted** and/or presented:
  - 1. A completed **renewal request application** form
  - 2. Detailed HACCP plan (other than pre-packaged food) along with signed Depot Letter (Form B)
- ❖ **Payment:** Renewal/Change = \$75

**CERTIFICATE – Mobile Food Vending Health Renewal or Replacement**

*(DCMR Title 25-A §§.1, 203.3 3703, 3704, 3705, 3706, 3707, 3708, 3712, and 3713)*

- A. All Mobile Food Operations (sidewalk/roadway or PHF/non-PHF) must have a current valid health Certificate.
- B. All Certificates must be renewed every six (6) months.
- C. The unit must pass a DOH Health Inspection before a Certificate can be issued.
- D. All renewed Certificates will be emailed
- ❖ To receive a Certificate(emailled), an applicant must have **submitted** and/or presented:
  - 1. A completed **renewal request application form** with
  - 2. The following supporting documents:
    - a. Copy of current OR original expired **DOH certificate**
    - b. **DCRA** vehicle safety report form
    - c. Copy of current **Fire Permit** for propane use
    - d. Copy of **State-issued Identification w/photo**
    - e. **DCRA vending license**, and
    - f. Vendor employee badges (**VEB**) for all workers, and
    - g. An **original**, signed **current Depot Letter**, and
    - h. **\*Depot's current license** with current **health inspection**

*(Copies of all above documents are acceptable except where noted. \*Depot license and health report ONLY if outside DC.)*
- ❖ **Payment:** **Renewal** = \$100; **Replacement** = \$15

**To have a Certificate replaced due to lost or stolen;** must have submitted and/or presented:

- 1. A completed **replacement request application** form with:
- 2. A **police report** for **STOLEN** or **LOST** certificate
- 3. Original, signed food preparation **Depot Letter (Form B)** of current facility (if not changed since lost/stolen certificate was issued)
- 4. Copy of State-issued driver's license or non-driver identification card of the named vendor on Certificate

- ❖ **Payment: Replacement** = \$15.

If you wish to mail completed application, supporting documents and payment, please send to:

DOH – Food Safety (Vendor Certificates)  
P.O. Box 37489  
Washington DC 20013

If you have any questions or require additional information, please submit your written inquiries to [vending.certificates@dc.gov](mailto:vending.certificates@dc.gov).

REPORT FRAUD, 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 email at [hotline.oig@dc.gov](mailto:hotline.oig@dc.gov), or by TTY at 711. For additional information, visit the Office of the Inspector General's website at [oig.dc.gov](http://oig.dc.gov)

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
HEALTH REGULATION AND LICENSING ADMINISTRATION**



**Application for Mobile Food Vendor  
Renewal or Replacement Certificate and/or  
Renewal MvHACCP Review/Approval**



PRINT CLEARLY USING CAPITAL LETTERS

Please refer to instructions for additional information - (use "NONE" or "N/A" if not applicable)

- (\$175) Renewal Certificate & HACCP Review       (\$15) Replacement Certificate       (\$100) Renewal Certificate ONLY  
**(must select one)**

Vending Business Trade Name

DOH Sticker #



Email Address

1. Lead Vendor First Name

Middle Initial



1. Lead Vendor Last Name

Home/Mailing Address

Floor/Location/Apartment #



City

State

Zip Code




Anytime/Cell Telephone

Home/Evening Telephone

 --  -- 
 --  -- 

1. Lead Vendor FS#

Exp. Date

1. Lead Vendor VEB#

Exp. Date

 /  / 
 /  / 

2. Additional Vendor First Name

Middle Initial



2. Additional Vendor Last Name

2. Add'l Vendor FS#

Exp. Date

2. Add'l Vendor VEB#

Exp. Date

 /  / 
 /  / 

Vehicle Registration Tag #

State Reg

DCRA License #


 - 

Has your **menu changed** since your last inspection?       YES     NO    If yes, please provide a copy of your current menu.

**Added/removed any equipment** since your last inspection?       YES     NO    If yes, please provide specification sheets.

Are you a participant in the **Vending Lottery**?       YES     NO    If yes, please provide your vending location.

Have you provided a **current Depot/Support Facility letter**?       YES     NO

**Provide Depot license and current health inspection report if located outside of D.C.  
You will not be able to obtain a renewal without a current letter**

If required, have you provided a **current MvHACCP Plan**?       YES     NO

Please provide the name of authorized person and contact information allowed to communicate with DOH on your behalf:

Alternate Contact/Agent Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Alternate email address:

I understand that, anyone who makes a false statement on this application can be criminally prosecuted; and, if convicted, fined up to \$1000, imprisoned up to 180 days, or both, under D.C. Official Code § 22-2405.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rec'd/Proc'd by: \_\_\_\_\_ PMT:  CK or  MO # \_\_\_\_\_