

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

Keep and use this checklist to ensure you have completed your application package and submitted all supporting documents.

**FOOD VENDING APPLICATION CHECKLIST**

To expedite the processing of your District of Columbia Mobile Food Vending Application be sure to follow the instructions carefully before submitting your application package. It is important to provide all the required supporting documents listed throughout the instructions.

**Only the most recent version of the Application will be accepted.**

Applicants must complete and return Forms A, B, & C including all applicable supporting documents. Before submitting your application, refer to the vending checklist BELOW to ensure that you have enclosed all supporting documents to avoid delays with processing your application in a timely manner.

*The required supporting documents are:*

- Computerized floor plan layout**, identifying the aisle space length in trucks, and all equipment that will be used during your operation. **NO HAND DRAWINGS** This is to be attached and submitted with the **Application – Form A**
- Clear copy of a State-issued photo ID for all vendors and vehicle owner along with a clear copy of the **vehicle registration**. NO Temporary vehicle tags allowed.
- Copy of complete menu items to be sold
- Provide copies of the **manufacturer specification sheets** for all equipment and appliances that will be utilized on the mobile food unit during operation.
- Copy of the food preparation **business license** and most **recent health inspection report of facility** if located outside of the District of Columbia. You can only use a facility licensed as a food establishment for your food preparation. This is to be attached to the original signed food preparation **DEPOT LETTER – Form B**
- Any additional support service facilities used MUST submit **additional DEPOT LETTER(s) – Form B**, if other support services are done at different Depot(s) than food prep Depot.
- All mobile food vending units must be parked at the Service Support (Depot) facility or at a secured location after operating hours. Include Depot Letter if parked at different facility than food prep depot. **RESIDENTIAL PARKING is not permitted.**
- A Mobile Vending Hazard Analysis Critical Control Point (MvHACCP) plan - Form C submitted with fee of \$75.** A Hazard Analysis Critical Control Point (HACCP plan) is required for all operations that **prepare or serve food requiring further processing from its original state.**

Once DCRA process is complete, provide DOH with copies of all licensing documents for all vendors.

- FOR CURRENT EXISTING VENDOR OPERATIONS that may be ONLY adding unit(s) or changing/expanding menu –** Please submit all of the above **and** be sure to include clear copies of the **DCRA Mobile Food Vending License** as well as clear copies of the Vendor Employee Badge (**VEB**) for all workers

Payment in the form of a check or money order made payable to: DC TREASURER

**It is STRONGLY recommended that all applicants make copies of their application and supporting documents before submitting to DOH**

Submit forms along with all supporting documents and fee payable to DC Treasurer to:

DOH – FOOD SAFETY (Vending Application)  
P.O. Box 37489  
Washington, DC 20013

You can email your questions to [vending.applications@dc.gov](mailto:vending.applications@dc.gov) or call Ms. Bronya Crawford at:  
(Desk) (202) 442-9083 \* (Main) (202) 535-2180 \* (Fax) (202) 724-5145

***Failure to comply with the Food Code Requirements in Title 25-A of the District of Columbia Municipal Regulations may result in suspension of your operation.***

INSTRUCTIONS TO COMPLETE FOOD VENDING APPLICATIONS

This package contains the instruction guidelines and forms to apply to operate a mobile food vending business in the District of Columbia. Applicants must complete and return Forms A, B, & C including all supporting documents. Reference the application checklist – the first page of this packet for the applicable supporting documents.

**MUST SUBMIT THE MOST RECENT VERSION OF APPLICATION**

<p align="center"><b>APPLICATION INSTRUCTIONS</b></p>	<p>After submitting your application and supporting documents, a thorough review will be conducted. Upon conditional approval you will be scheduled for inspection of the mobile unit.</p> <p>Per regulations, the DOH has up to thirty (30) <u>calendar days</u> from the date of submission of a <b>COMPLETE PACKAGE</b> to conclude the review.</p> <p>All applications must be completely filled out and include all supporting documents in order to be processed.</p>	
<p align="center"><b>WHERE TO FILE YOUR APPLICATION</b></p>	<p align="center">IN PERSON:</p> <p align="center">Department of Health Processing Center 899 North Capitol St NE – 1<sup>st</sup> floor Washington, DC 20002</p>	<p align="center">BY MAIL:</p> <p align="center">DOH – FOOD SAFETY (Vending Application) P.O. Box 37489 Washington, DC 20013</p>
<p align="center"><b>APPLICABLE REGULATIONS</b></p>	<p>The Department of Health encourages all applicants to become familiar with the District of Columbia Food Code as it relates to mobile and sidewalk vending.</p> <p>You can access an electronic copy of the DC Food Code Regulations at:</p> <ul style="list-style-type: none"> <li>- <a href="http://doh.dc.gov/service/food-safety-and-hygiene-inspection-regulations">http://doh.dc.gov/service/food-safety-and-hygiene-inspection-regulations</a></li> <li>- Select <b>FOOD</b> and <b>FOOD OPERATIONS</b></li> </ul> <p>To apply for a DCRA vending license, or employee vending badges, please visit that office to complete their licensing process, located at 1100 4<sup>th</sup> Street SW (202-442-4400).</p> <p>All potential vendors are encouraged to read the DCRA vending regulations which can be accessed at:</p> <ul style="list-style-type: none"> <li>- <a href="http://dcra.dc.gov/sites/default/files/dc/sites/dcra/publication/attachments/Vending_Regulations.pdf">http://dcra.dc.gov/sites/default/files/dc/sites/dcra/publication/attachments/Vending_Regulations.pdf</a></li> </ul>	
<p align="center"><b>GENERAL REQUIREMENTS FOR ALL OPERATIONS</b></p>	<p>All mobile food vending businesses operating in the District of Columbia are required to be inspected every six (6) months to determine if the vending operation is in compliance with the District of Columbia Food Code Regulations (DCMR Title 25-A). All Vending Health Certificates will be issued and valid for a six (6) month period. After passing the pre-operational inspection(s), your inspection report will serve as your temporary certificate and is valid for 30 days only. Once the mobile food vending business has passed ALL necessary inspection(s) and the vendor has received the DCRA vending license and vendor employee badge(s), send that information along with the Trade name of the truck and DOH sticker number to DOH by email at: <a href="mailto:vending.certificates@dc.gov">vending.certificates@dc.gov</a>.</p> <p>DCRA vending license, DCRA vendor employee badge(s), DOH CFPM ID card(s), DOH Vending Health Certificate and DOH MvHACCP plan and approval (if applicable) must be available for review upon request. Failure to provide the Certificate, plan, approval and/or ID cards may result in fines and/or summary suspension.</p> <p>To request changes to your menu, contact DOH for approval. All vendors are responsible for serving <b>ONLY THE APPROVED</b> menu items included in the original application packet. Failure to notify DOH of any changes may result to fines and/or suspension of services.</p>	

***Failure to comply with the Food Code Requirements in Title 25-A of the District of Columbia Municipal Regulations may result in suspension of your operation***

INSTRUCTIONS TO COMPLETE FOOD VENDING APPLICATIONS

<p align="center"><b>DEPOT (Service Support) FACILITIES</b></p>	<p>All applicants must maintain access to an approved service support facility (i.e. depot, commissary, shared kitchen, service support kitchen or any other licensed food establishment). The service support facility should have the ability to support your entire operation with regards to:</p> <ul style="list-style-type: none"> <li>➤ Food Preparation</li> <li>➤ Food Storage</li> <li>➤ Water Supply</li> <li>➤ General Supply Storage</li> <li>➤ Storage/overnight parking of the mobile food unit</li> <li>➤ Cleaning of equipment/utensils</li> <li>➤ Waste/disposal</li> <li>➤ Cooking grease/oil recycling</li> </ul> <p>When not in operation, mobile units must be parked in a secured depot location. DCRA, DOH, and MPD <b>do not permit street parking or residential parking.</b></p> <p align="center">All mobile and sidewalk vending units must have permanent state vehicle registration tags; <b>NO TEMPORARY TAGS.</b></p> <p>Depot, commissary or service support facilities must meet the food vending operational needs. If the service support facility is located outside of the District of Columbia, include a copy of the business license and most recent health inspection. The inspection report must indicate that the facility is in "good standing", with <b>no priority or priority foundation violations</b>. Usage of a service support facility must be approved by DOH, according to your operation.</p>
<p align="center"><b>VENDORS WITH MULTIPLE TRUCKS or EXPANDING WITH ADDITIONAL TRUCKS</b></p>	<p>You must apply for each unit separately if you are starting with multiple trucks/stands. If you are a current vendor and wish to expand your mobile food business with more mobile units; you are required to submit a new application for each additional unit with all the necessary information pertaining to the new unit's operation.</p>
<p align="center"><b>VENDING POTENTIAL HAZARDOUS FOODS (PHF/TCS)</b></p>	<p>All vending operations that prepare, sell, offer for sale, or give away any food requiring further processing from its original state are required to submit a Mobile vending Hazardous Analysis Critical Control Point (MvHACCP) Plan with your application package. For guidance with your MvHACCP plan, see Form C. If you have additional questions about the MvHACCP plan, please send an email to <a href="mailto:haccp.plans@dc.gov">haccp.plans@dc.gov</a>.</p>

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<p><b>RECEIVING THE DOH VENDING CERTIFICATE</b></p>	<p>YOU MAY NOT CONDUCT ANY BUSINESS UNTIL YOUR OPERATION HAS RECEIVED ALL APPROVALS. After passing all inspections and obtaining all licenses, email a copy of the DCRA vending license, copy of the VEB for you and all staff members and CFPM ID card information to <a href="mailto:vending.certificates@dc.gov">vending.certificates@dc.gov</a> and your certificate will be sent to you by email. You will be allowed to operate using your approved inspection report for thirty (30) days from the date of inspection.</p> <p>To ensure your Certificate is emailed, be sure to have included the email address that is clear and legible as well as all information required on Form A.</p>
<p><b>IT IS PREFERRED THAT DOH EMAIL VENDING HEALTH CERTIFICATES.</b></p>	
<p><b>VENDING CERTIFICATE RENEWALS</b></p>	<p>All existing vendors should submit a Renewal Certificate application/payment form along with the following documents, in order, to renew Mobile Vending Health Certificates <b>thirty (30) days prior to the expiration</b> of the current health certificate:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of current Certificate <b>or original expired</b> Certificate</li> <li><input type="checkbox"/> Copy of DCRA vehicle safety form</li> <li><input type="checkbox"/> Copy of FEMS fire permit for propane</li> <li><input type="checkbox"/> Copy of State-issued ID</li> <li><input type="checkbox"/> Copy of DCRA Vending License and Vending Employee Badge(s) for all staff</li> <li><input type="checkbox"/> Original, signed food preparation Depot Letter of current facility</li> <li><input type="checkbox"/> Check or Money Order in the amount of \$100.00, all payments must be made payable to: <b>DC Treasurer</b></li> </ul> <p><i>Credit card payments only accepted in the Processing Center, 1<sup>st</sup> Floor.</i></p>
<p><b>REPLACEMENT COPIES</b></p>	<p>To request a replacement copy of your DOH health inspection Certificate, you will need to submit a Renewal Certificate application/payment form with the following:</p> <ul style="list-style-type: none"> <li>o Obtain and include a police report for STOLEN or LOST certificates</li> <li>o Original, signed food preparation Depot Letter of current facility (if changed)</li> <li>o Include copy of State-issued driver’s license or non-driver identification card of the named vendor on Certificate</li> <li>o Check or Money Order in the amount of \$15.00, all payments must be made payable to: <b>DC Treasurer</b></li> </ul>
<p><b>EXTENDED BREAK</b></p>	<p>You are required to notify the Department in writing and surrender your DOH mobile health certificate if you will <b>not</b> be operating the unit for more than three (3) months.</p>
<p><b>FEE SUMMARY</b></p>	<p><b>You may mail a Check or Money Order (made payable to: DC Treasurer)</b>      Credit/Debit Card payments <b>ONLY ACCEPTED</b> in DOH 1<sup>st</sup> Floor Processing Center.</p> <ul style="list-style-type: none"> <li>• Six (6) month Mobile Vending Health Inspection Certificate \$100.00</li> <li>• Replacement Mobile Vending Health Inspection Certificate \$15.00</li> <li>• Restoration Inspection due to Closure/Summary Suspension \$100.00</li> <li>• Certified Food Protection Manager (CFPM) ID Card \$35.00</li> <li>• Duplicate/Replacement Certified Food Protection Manager ID (CFPM) Card \$15.00</li> </ul>
<p><b>FAILURE TO SUBMIT A VALID FORM OF PAYMENT WILL RESULT IN A SUMMARY SUSPENSION OF THE VENDING OPERATION UNTIL THE DEBT IS SATISFIED.</b></p>	
<p><b>REPORT FRAUD, WASTE, AND ABUSE:</b> 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 <a href="mailto:hotline.oig@dc.gov">hotline.oig@dc.gov</a>, or by TTY at 711. For additional information, visit the Office of the Inspector General’s website at <a href="http://oig.dc.gov">oig.dc.gov</a>.</p>	

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HEALTH REGULATION AND LICENSING ADMINISTRATION**

Mobile Food Vending OPERATION APPLICATION - FORM A

Below is the vending application, including the critical requirements that all mobile and sidewalk vending units must adhere to operating in the District of Columbia.

Please refer to Food Vending information packet for additional information

(Use "NONE" or "N/A" if not applicable – DO NOT LEAVE ANY BLANKS)

New/Initial [select ONLY one]  New/Addition

Stationary Roadway (SRV)     Mobile Roadway (MRV)     Sidewalk     Other \_\_\_\_\_  
 All-year/Full-time     Seasonal/Part-Time  
(Select what applies)

**Vending Business Trade Name**

Click here to enter TRADE NAME

**Lead Vendor First Name**

Click Here To Enter VENDOR'S FIRST NAME.

**Middle Initial**

**Lead Vendor Last Name**

Click here to enter VENDOR'S LAST NAME.

**Home/Mailing Address**

Click here to enter MAILING ADDRESS.

**Floor/Location/Apartment #**

**City**

Click here to enter CITY.

**State**

ST

**Zip Code**

Zip

**(area code) Daytime Telephone**

( )    ### - ###

**(area code) Cell/Evening Telephone**

( )    ### - ###

**\*Email Address**

Click here to enter EMAIL ADDRESS.

**Lead Vendor FS#**

5 digits only

**Lead Vendor VEB# (if existing)**

5 digits only

**DCRA License # (if existing)**

## - 8 digits after dash

**DOH Exp. Date**

MM / DD / YY

**DCRA Issue Date**

MM / DD / YY

**DCRA Exp. Date**

MM / DD / YY

**Additional Vendor First Name (if applicable)**

Click here to enter ADDITIONAL VENDOR'S FIRST NAME.

**Middle Initial**

**Additional Vendor Last Name**

Click here to enter ADDITIONAL VENDOR'S LAST NAME.

**\*Additional Vendor (or alternate) Email Address**

Click here to enter alternate EMAIL ADDRESS.

**Add'l Vendor FS#**

5 digits only

**Add'l Vendor VEB# (if existing)**

5 digits only

**DCRA License # (if different)**

## - 8 digits after dash

**DOH Exp. Date**

MM / DD / YY

**DCRA Issue Date**

MM / DD / YY

**DCRA Exp. Date**

MM / DD / YY

<b>Type of Unit</b>	<input type="checkbox"/> Step Van <input type="checkbox"/> Stand <input type="checkbox"/> Truck <input type="checkbox"/> Push Cart <input type="checkbox"/> Tow Unit <input type="checkbox"/> Other_____		
<b>MENU TYPE HACCP Plan Needed</b>	<input type="checkbox"/> Baked Good <input type="checkbox"/> Processed Foods <input type="checkbox"/> Beverage/Coffee	<input type="checkbox"/> Raw/Par-cooked <input type="checkbox"/> Soft Serve Ice cream <input type="checkbox"/> Prepared Foods	<b>MENU TYPE no HACCP Plan needed</b> <input type="checkbox"/> Whole Produce <input type="checkbox"/> Popcorn <input type="checkbox"/> pre-packaged Ice Cream <input type="checkbox"/> Hot dogs/chili only
<b>Days of Operation</b>	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		
<b>Seasonal Vending</b>	Which season applies to your operation? (check all that apply) <input type="checkbox"/> Summer <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Autumn/Fall		
<b>Time of Operation</b>	Start Time	A.M. P.M.	End Time
			A.M. P.M.

Please enter the Mobile Unit Vehicle Registration information below  
**NO TEMPORARY TAGS ACCEPTED**

Vehicle Registration Tag # Click here to enter TAG #.	State Reg ST	VIN # (last nine [9] digits only) Click here to enter text.
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**MOBILE UNIT and FOOD OPERATION QUESTIONNAIRE (please complete all questions)**

Do you have **multiple vending units** operating in D.C.?  YES  NO  
 If yes, please provide the DOH 5-digit sticker numbers:

1. Is this a **Lottery** Unit?  YES  NO  
 If yes, please provide the Lottery number: 

V	S	P:	Click here to enter LOTTERY NUMBER
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2. Is this a **Sidewalk** Unit?  YES  NO  
 If yes, please provide the Street Location (**include quad**): 

Click here to enter STREET LOCATION	Select one
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3. Will **cooking grease waste** be generated?  YES  NO

4. What is the capacity (gallons) of the **FRESH water tank**? [Click here to enter NUMBER gallons](#)  
 (Truck: must be at least 38 gals Stand: must be at least 10 gals)

5. What is capacity (gallons) of the **WASTE water tank**? [Click here to enter NUMBER gallons](#)  
 (Truck & Stand: must be at least **15% larger** than Fresh water tank)

6. Will **propane** be used on this unit?  YES  NO

7. Will an **electric generator** be used on this unit?  YES  NO

8. Are there **waste/trash containers with lids**?  YES  NO  
 Please indicate **the number (#)** of waste/trash containers with lids: \_\_\_\_\_

9. Are there **thermometers for the cooking and holding temperature reading**?  YES  NO  
 Please indicate **the number (#)** of each type: # \_\_\_\_\_  cooking # \_\_\_\_\_  holding

10. Where is the **food prepared** for cooking?  Mobile Unit  DC Depot  Other

11. Where is the **food cooked**?  Mobile Unit  DC Depot  Other

If you have selected "OTHER" for Q10 and/or Q11, then you must provide separate business license and current health inspection report for each facility where food is prepared or cooked.

You will not be able to obtain an appointment for pre-operational inspection without a current depot letter and supporting documents.

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12. Where will the mobile unit be **parked after hours?**

Name of Parking Facility :	Click here to enter Name of parking facility if <b>not</b> at food prep depot. If at depot ENTER "DEPOT"	
Provide Address, if <b>not</b> at food prep depot, along with separate Depot Letter for this facility:	Click here to enter ADDRESS	
City and State including zip code:	Click here to enter City and ST	Zip Code

Please indicate below the location(s) of the of the toilet facility used during hours of vending operation to properly "WASH" your hands.

This facility must be in close proximately to your vending location or service operation area.

Business Name :	Click here to enter name of facility	
Address including zip code:	Click here to enter ADDRESS	Zip Code

Business Name :	Click here to enter name of facility	
Address including zip code:	Click here to enter ADDRESS	Zip Code

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

Alternate Contact/Agent Name: Click here to enter AGENT'S NAME. Phone: (        ) \_\_\_\_\_ - \_\_\_\_\_

Alternate email address: Click here to enter AGENT'S EMAIL.

**Payment for Mobile Food Vendor Certificate for New/Expanded Operation and/or MvHACCP Review (if applicable)**

(\$175) New Certificate & HACCP Review    **(must select one)**     (\$100) New Certificate ONLY

*Credit/Debit Card can ONLY be used in the Processing Center*

Payment Amount \$ \_\_\_\_\_ |  Check # **OR** |  Money Order #: \_\_\_\_\_

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)

By signing this Agreement, I am attesting that I and all of my employees/workers/staff/helpers will follow all regulations pursuant to Title 25-A of the District of Columbia Municipal Regulations (DCMR) also known as the Food Code.

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:** \_\_\_\_\_

**Failure to comply with the Food Code Requirements in Title 25-A of the District of Columbia Municipal Regulations may result in suspension of your operation.**

**FOR OFFICE USE ONLY**

Apprvd Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rec'd/Proc'd by: \_\_\_\_\_ PMT:  ck or  MO # \_\_\_\_\_  CC

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

**Mobile Food Vending SERVICE SUPPORT FACILITY (DEPOT LETTER) - FORM B**

PRINT CLEARLY USING CAPITAL LETTERS

All mobile food businesses operating in the District of Columbia are required to have a Depot, Commissary, or Service Support Facility (licensed kitchen) agreement, according to the *Food Code Regulation in the District of Columbia Municipal Regulations Title 25-A*. The service support location identified below must include the services selected for all necessary preparation, supplies, storage, after hours parking, basic maintenance, grease disposal, cleaning, including proper disposal for trash, and food waste.

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

**\*Service Support Facility (Depot) Trade Name:**

Click here to enter NAME OF DEPOT

**\*Depot Contact First Name**

Middle Initial

Click here to enter Contact's First Name

**\*Depot Contact Last Name**

Click here to enter Contact's Last Name

**\*Depot Establishment Address**

Floor/Unit

Click here to enter Full Address of Depot

Click here enter text or "none"

City

State

Zip Code

Click here to enter City of Depot

ST

Zip Code

(area code)

Daytime Telephone

(area code)

Cell/Evening Telephone

( ) ### - ####

( ) ### - ####

**\*Depot or Depot Contact Email Address**

Click here to enter Depot email address

Business License Type/Code #

**\*ST/County/City**

**\*Business License #**

Click here to enter License type

ST, County, or City

Click here to enter License Number

License Issue Date

License Exp. Date

MM / DD / YY

MM / DD / YY

**VENDOR'S Days/Hours of Operation AT Facility:**

Sunday    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday

Weekend: Open \_\_\_\_ a.m. / p.m. Close \_\_\_\_ a.m. / p.m. Weekday: Open \_\_\_\_ a.m. / p.m. Close \_\_\_\_ a.m. / p.m.

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.

**Depot Contact Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Please select all the support services that will be used by the vendor at this Depot:  
(a separate form will need to be completed for each facility providing a service)

- Food Storage       Food Preparation       Food Waste Disposal       Food Supply
- Grease Recycling       Trash Disposal       Fresh Water Supply       Waste Water Disposal
- Utensils/Equipment Cleaning       Dry Ice Supply       Other\_\_\_\_\_

Will the vendor's unit **report** to this facility **daily** as required by Food Code?       YES     NO

Will the vendor's unit be **parked** at the address provided **after hours**?       YES     NO

If the unit will not be parked at the food preparation Depot after hours, state why and provide the address where the unit will be parked.

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By signing this Agreement, I am attesting that I and all of my employees/workers/staff/helpers will follow all regulations pursuant to Title 25-A of the District of Columbia Municipal Regulations (DCMR) also known as the Food Code.

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.

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

Vending Operation Trade Name: \_\_\_\_\_ DOH #: \_\_\_\_\_  
(if applicable)

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**FOR OFFICE USE ONLY**

Depot Verified: \_\_\_/\_\_\_/\_\_\_ Rec'd/Proc'd by: \_\_\_\_\_ Unit # at Depot: \_\_\_\_\_ Total # of Units at Depot: \_\_\_\_\_

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
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**Mobile Food Vending Hazard Analysis Critical Control Point (HACCP) PLAN Guidance**

PRINT CLEARLY USING CAPITAL LETTERS

All mobile food businesses operating in the District of Columbia that are required to have a Depot, Commissary, or Service Support Facility (licensed kitchen) agreement, according to the *Food Code Regulation in the District of Columbia Municipal Regulations Title 25-A*. The service support location identified below must include the services selected for all necessary preparation, supplies, storage, after hours parking, basic maintenance, grease disposal, cleaning, including proper disposal for trash, and food waste.

#	Process Step	Hazard	CCP?	Critical Limit	Monitoring	Corrective Action	Verification	Records
1	Receive eggs	Salmonella	No	45F or below	Receiver will take temperature of truck for each delivery	Reject product	Chef reviews all receiving logs at the beginning of the shift	Receiving logs will be kept for 6 months
2	Store eggs	Salmonella	No	45F or below	Chef will monitor walk-in temperature every 6 hours	Destroy product	Manager will review logs daily	Cold holding logs will be kept for 6 months
3								
4	Prep	Salmonella	Yes	Cross contamination 45F or above	Cook or Prep Staff will ensure all equipment and utensils used have been cleaned and sanitized	Discard products	Wash and sanitize all equipment and utensils before use or remove from protective covers	Sufficient temp water, detergent and sanitizer available
5	Cook eggs	Salmonella	Yes	145F for 15 seconds immediate service / 155F for 15 seconds hot holding	Cook will take final cook temperature of eggs	Continue to cook until eggs reach proper temperature	Chef will review cook logs after each shift	Cook logs will be kept for 6 months
6	Hot holding	Salmonella	No	135F or above	Cook will take temperature every 4 hours	Discard product	Chef will review logs every 6 hours	Hot holding logs will be kept for 6 months
7								
8	Serve	Salmonella	possible	If not for immediate service or proper hot holding at correct temp	Immediate serve or follow hot holding monitoring	Discard product	Chef will review logs every 6 hours	Hot holding logs will be kept for 6 months

Vendor – TRADE NAME or Vendor name if not a truck - #99999 (DOH sticker)  
 Establishment Name

899 North Capitol St NE, 20002  
 Address

(202) 555-1212                      best.contact@email.com  
 Phone Number                                      Email Address

Pg \_\_\_\_ of \_\_\_\_

This is an example of Page 1 for illustration purposes only.

Copy and complete the Worksheet as many times as necessary to describe **all** relevant menu items or recipes.

***Failure to comply with the Food Code Requirements in Title 25-A of the District of Columbia Municipal Regulations, may result in suspension of your operation.***

**Flow Chart**



Cold holding 41°F or below  
Hot holding 135°F or above

Vendor – TRADE NAME or Vendor name if not a truck - #99999 (DOH sticker)  
 Establishment Name \_\_\_\_\_  
 Address 899 North Capitol St. NE, 20002 \_\_\_\_\_  
 Phone Number (202) 555-1212 \_\_\_\_\_  
 Email Address best.contact@email.com \_\_\_\_\_

Pg \_\_\_\_ of \_\_\_\_

This is an example of Page 2 for illustration purposes only.

Copy and complete the Flow Chart as many times as necessary to describe **all** relevant menu items or recipes.

**MvHACCP PLAN - FORM C**  
**Hazard Analysis Worksheet**  
**For Mobile Food Vending Operations**

**Menu Item:** Click here to enter FOOD ITEM.

#	Process Step	Hazard	CCP?	Critical Limit	Monitoring	Corrective Action	Verification	Records
1	Click here to enter text.	Click here to enter text.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
2	Click here to enter text.	Click here to enter text.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
3	Click here to enter text.	Click here to enter text.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
4	Click here to enter text.	Click here to enter text.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
5	Click here to enter text.	Click here to enter text.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
6	Click here to enter text.	Click here to enter text.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
7	Click here to enter text.	Click here to enter text.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
8	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

\_\_\_\_\_  
 Vendor Trade Name / Lead Vendor's Name

\_\_\_\_\_  
 DOH Sticker #

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Email Address

**Flow Chart for Menu Item:** [Click here to enter FOOD ITEM as on 1st page.](#)



Click here to enter the details about RECEIVING the food item



Click here to enter the details about STORING the food item



Click here to enter the details about THAWING the food item



Click here to enter the details about PREPARING the food item



Click here to enter the details about COOKING the food item



Click here to enter the details about HOT/COLD HOLDING the food item



Click here to enter the details about RE-HEATING the food item



Click here to enter the details about SERVING the food item

_____	_____
( ) _____	_____
Phone Number	Email Address
Vendor Trade Name / Lead Vendor's Name	DOH Sticker #