

**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)**



1. 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 vending.certificates@dc.gov
2. 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**
3. **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: **HACCP PLAN 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(email), 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	e. DCRA vending license , and
b. DCRA vehicle safety report form	f. Vendor employee badges (VEB) for all workers, and
c. Copy of current Fire Permit for propane use	g. An original , signed current Depot Letter , and
d. Copy of State-issued Identification w/photo	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: **CERTIFICATE Renewal** = \$100
- 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: **CERTIFICATE 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.

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, or by TTY at 711. For additional information, visit the Office of the Inspector General's website at oig.dc.gov

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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 _____ **Daytime Telephone** _____ **Cell/Evening Telephone** _____

1. Lead Vendor First Name _____ **Middle Initial** _____ **1. Lead Vendor Last Name** _____

Home/Mailing Address _____ **Floor/Location/Apartment #** _____

City _____ **State** _____ **Zip Code** _____

1. Lead Vendor FS# _____	Issue Date _____	Exp. Date _____	1. Lead Vendor VEB# _____	Issue Date _____	Exp. Date _____
2. Add'l Vendor First Name _____			Middle Initial _____		
_____			2. Add'l Vendor Last Name _____		
2. Add'l Vendor FS# _____			3. Add'l Vendor VEB# _____		
Issue Date _____			Issue Date _____		
Exp. Date _____			Exp. Date _____		
3. Add'l Vendor First Name _____			Middle Initial _____		
_____			2. Add'l Vendor Last Name _____		
3. Add'l Vendor FS# _____			3. Add'l Vendor VEB# _____		
Issue Date _____			Issue Date _____		
Exp. Date _____			Exp. Date _____		

Vehicle Registration Tag # _____ **State Reg** _____ **Full DCRA License # (paper license)** _____

CAP- _____

- 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, included a **current MvHACCP Plan** for renewal? 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: _____

Please select ONE: \$175 Renewal Certificate & HACCP **or** \$100 Renewal Certificate **ONLY or** \$15 Replacement
Credit/Debit Card can ONLY be used in the Processing Center

Payment Amount \$ _____ Check **or** Money Order CK / MO #: _____

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.

By signing or entering my name on this form, I attest that all statements are true and accurate.

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Rec'd Date: _____ Rec'd/Proc'd by: _____ Appt Date: _____ Cert Iss Date: _____ CC #: _____