

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:

