

Alexandria Health Department



MOBILE FOOD ESTABLISHMENT COMMISSARY AGREEMENT

REPLY TO: Environmental Health Division
4480 King Street, Rm 360
Alexandria, VA 22302
Phone: 703-746-4910, Fax: 703-746-4919
<http://alexandriava.gov/EnvironmentalHealth>

SECTION I (to be completed by Mobile Food Establishment (MFE) Operator)

MFE Name: _____

VIN: _____

License Plate: _____

Owner/Operator Name: _____

Address: _____

Phone: _____

I, the above named MFE owner/operator, will operate out of the below named commissary and report to the commissary at least once each operating day for cleaning and servicing. If the use of the commissary is discontinued, I will notify the Environmental Health Division.

Signature of MFE Owner

Date

SECTION II (to be completed by Commissary Operator)

Type of Facility: Commissary Restaurant Other: _____

Name of Facility: _____

Address of Facility: _____

Name of Owner/Operator: _____

Phone (business): _____ Phone (mobile): _____

The following activities are performed at this commissary by the above MFE:

(check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Filling MFE Water Tank |
| <input type="checkbox"/> Cold Food Storage | <input type="checkbox"/> Waste Water Disposal |
| <input type="checkbox"/> Cooking or Reheating of Foods | <input type="checkbox"/> Garbage Disposal |
| <input type="checkbox"/> Cleaning and Sanitizing of Equipment | <input type="checkbox"/> Storage of equipment and supplies |
| <input type="checkbox"/> Dry Food Storage | <input type="checkbox"/> Overnight Parking |

Daily Operating Hours: _____

I, the commissary owner/operator, can and will provide the necessary facilities as checked for the above named MFE at my regulated food facility.

Signature of Commissary Owner

Date



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MOBILE FOOD ESTABLISHMENT MENU FORM

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Name of MFE: _____

List all food and beverage items that will be served from the mobile food establishment. Food and beverages shall be prepared and stored in a permitted food establishment. Serving food and beverages prepared and/or stored in a home or non-permitted facility is prohibited.

MENU ITEM	MAIN INGREDIENTS

I certify that I will only serve menu items listed above and/or only those menu items approved by the Health Department as indicated on the permit. I will notify the Environmental Health Division of any changes in my menu by promptly submitting a new Menu form.

Signature of MFE Owner

Date



Alexandria Health Department



MOBILE FOOD ESTABLISHMENT ROUTE FORM

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<http://alexandriava.gov/EnvironmentalHealth>

Name of MFE: _____

ZONING ORDINANCE

The City of Alexandria Zoning Ordinance prohibits Mobile Food Establishments from operating in the City, with five exceptions listed below. Mark the applicable exceptions.

Mobile Food Establishments may be permitted:

- To sell lunch to construction workers at an active redevelopment/construction site.
- In front of the Torpedo Factory with approval through an SUP.
- As part of the Market Square Vendor Cart Pilot Program.
- In a fixed location outside of an existing restaurant or as part of a Farmer's Market with approval through an SUP.
- As part of a City-sponsored special event.

Complete this table **listing ALL operating locations** in the City of Alexandria, times and days of the week. Any changes must be communicated to the Environmental Health Division by submitting a new Route Form. **List each location on a separate line.**

Address of Operating Location	Hours of Operation	Days of Operation

I certify that I will only operate at the locations listed above. I will notify the Environmental Health Division of any changes in my route by promptly submitting a new Route Form.

Signature of MFE Owner

Date

