



David C. Rose, MD, MBA, FAAP
Health Director

ALEXANDRIA HEALTH DEPARTMENT

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www.alexandriava.gov/Health

Alexandria Mobile Food Establishment Commissary Agreement

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

MFE Name: _____

VIN: _____

License Plate: _____

Owner/Operator Name: _____

Address: _____

Phone Number: _____

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)

Facility Type: Commissary Restaurant Other _____

Name of Facility: _____

Address of Facility: _____

Owner Name: _____

Phone (business): _____

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

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

Daily Operating Hours: _____

Signature of Commissary Owner : _____

Date: _____



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Alexandria Mobile Food Establishment (MFE) Menu Form

MFE Name: _____

List all food and beverage items that will be served from the mobile food establishment. Food and beverages shall be prepared and stored in the 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 Route Form.

Signature of MFE Owner : _____

Date: _____



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Alexandria Mobile Food Establishment (MFE) Route Form

MFE Name: _____

ZONING ORDINANCE

The City of Alexandria Zoning Ordinance prohibits Mobile Food Establishments from operating in the City, unless one of the five exemptions listed below applies. Please check mark which exemption applies to your operation.

Mobile Food Establishments exemptions (check any that apply).

- To sell lunch to construction workers at an active redevelopment/construction site. Your vehicle must be parked on the actual construction site, and not on a road or public highway.
- At an approved vending location:
 - one of the three designated on-street locations
 - at a designated park and/or recreation center
 - at a private commercial or multi-family properties with permission from property owner.
- As part of an authorized farmers' market.
- As part of a City-sponsored special event.

Please 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: _____