

Mobile Vending Information for the Mobile Vending Unit Permittee

Department of Health and Mental Hygiene
Bureau of Food Safety and Community Sanitation
Mobile Food Vending Inspection Program



Session Rules

- This presentation describes new rules and procedures primarily about Mobile Food Unit Permittees
- The session is 60 minutes
- Please hold all questions until after the presentation
- Please be considerate of your fellow vendors and refrain from having conversations with your companions

Objectives

- Inform Mobile Food Unit Permittees of major regulatory and program changes:
 - Handheld computers for inspections
 - Permittees are responsible for vending operations
 - Permittees are responsible for violations

Objectives

- Permittee photographs and pre-permit inspections
- Authorized Vendor Form application requirement
- Unit construction requirements

Objectives

- Workers Compensation and Disability Insurance application requirement
- Notifying DOHMH of changes in information
- Illegal Transfer of a Permit or License
- Food Protection Course for Mobile Vendors revision

Additional Information

- The following information sheets are available at the sign-in table and or on our website:
 - Regulations and Laws pertaining to Mobile Vending (website only)
 - New Regulations for Mobile Food Vendors: What You Need to Know & Supply And Equipment Requirements For Mobile Food Vending Units (handout and website)
 - Health Academy – Food Protection Course for Mobile Vendors & Workers' Compensation and Disability Insurance (handout and website)
 - Restricted Streets List (website only)

Handheld Computers for Inspections

- Starting in February, 2013 the DOHMH launched a new Mobile Vending Inspection System (MoVIS)
- Inspectors now record inspections on a handheld computer
- Inspection reports are printed similar to a parking ticket
- In October, 2013 pre-permit inspections were added to the handheld inspections

Handheld Computer Inspection Report

NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL HYGIENE		INSPECTION REPORT		DIVISION OF ENVIRONMENTAL HEALTH Bureau of Food Safety and Community Sanitation 125 Worth Street, Room 924, CN 50A, New York, NY 10013 TEL: (212) 976-1651, FAX: (212) 976-8050	
CAMIS No:	41405351	Permit #:	1314878	Inspection Date:	Apr 12, 2013
Permittee:	MIDDLETON, JAMES	Start Time:	4/12/2013 12:47:08PM	Time Issue:	4/12/2013 1:05:24PM
D.B.A.:		Inspection Type:	Request/Cycle Inspection		
Address:	125 WORTH STREET New York 10013	Inspection Location:	125 WORTH STREET, Manhattan, New York 10013		
Telephone:	212-442-5809				Page 1 of 2
Inspection Summary:					
Inspection Type: Request (FS/H)					
Result: Establishment Closed by DOHMH					
Violations:					
Num	Violation Code	Violation Description			
1	04C	Food worker does not use proper utensils, gloves or other acceptable barrier to eliminate bare hand contact with food that will not receive adequate additional heat treatment in that one male food worker(s) was observed using bare hand(s) while handling and picking approximately 8 ounces of ready-to-eat sliced lettuce inside the vending cart. Corrective action: Food service establishment was ordered closed by the Department of Health and Mental Hygiene because operator refused to discard or reheat contaminated food, or provide adequate barrier to prevent contamination of ready-to-eat food. NYCHC 81.07(i)			
2	04H	Food found contaminated in that approximately 40 pounds of raw chicken breasts observed to be contaminated by approximately 30 mice excretas directly on said food, inside food compartment tray(s) inside cart. Corrective action: Food was rendered inedible and discarded by food worker. NYCHC 81.07(a)			
3	04L	Mouse activity present in that approximately 10,000 fresh mice excreta observed lining the floor-wall junctions and storage trays throughout the vending cart's interior. Corrective action: Food service establishment was ordered closed by the Department of Health and Mental Hygiene due to severe mouse infestation. NYCHC 81.23(a)			
4	06B	Smoking or using tobacco observed in that smoking in the grill inside the cart. NYCHC 81.13(g)			
5	08A	Facility conditions conducive to the existence of pest life observed in that accumulation of rotting old food particles and debris scattered and encrusted on the walls, floor and food storage trays. NYCHC 81.23(a)			
Attachments:					
Num	Description				
1	ECB				
2	ECB Respondent Instructions				
3	IRF				

ENVIRONMENTAL CONTROL BOARD * NOTICE OF VIOLATION AND HEARING * FOR CIVIL PENALTIES ONLY
City of New York, Petitioner vs Respondent

LAST NAME (Print) MIDDLETON, JAMES	FIRST NAME	INITIAL	Sex
STREET ADDRESS 125 WORTH STREET			
CITY New York	STATE NY	ZIP 10013	
CAMIS ID 41405351	Decal# 000001		
TYPE OF LICENSE/PERMIT OR IDENTIFICATION			ISSUED BY
NOTICE ALSO SENT TO LAST NAME		FIRST NAME INITIAL	
STREET ADDRESS			
CITY		STATE	ZIP

The Respondent is charged with violation of Law / Rule

Date of offense 04/12/2013	TIME 12:47PM	Borough Manhattan	CB No 101	Violation Code AH99								
NYC ADMINISTRATION CODE/RULES OF THE CITY OF NEW YORK Food Vendor Provisions				OTHER CODES NYC Health Code Provisions								
SECTION/RULE NYCHC 81.07(a)												
At	Front Of	Opposite	Place of Occurrence 125 WORTH STREET									
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>										
DETAILS OF VIOLATION Food found contaminated in that approximately 40 pounds of raw chicken breasts observed to be contaminated by approximately 30 mice excretas directly on said food, inside food compartment tray(s) inside cart. Corrective action: Food was rendered inedible and discarded by food worker. NYCHC 81.07(a)												
PROPERTY REMOVED Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
<input type="checkbox"/> 1 <input type="checkbox"/> 1-2 Family <input type="checkbox"/> 2 <input type="checkbox"/> Multiple Dwelling <input type="checkbox"/> 3 <input type="checkbox"/> Commercial												
Mail-In Penalty Schedule \$25 \$50 \$100 \$250 \$ _____ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other			<input type="checkbox"/> NO MAIL-IN PENALTY YOU MUST APPEAR See Date and Time <input type="checkbox"/> Below									
Vendor Multiple Offices Schedule(See Reverse Side)			Maximum Penalty For Violation \$ 400.00 or see reverse side									
Date of Hearing 3rd _____ Day of May _____ 2013			<table border="1"> <tr> <td>\$:30 AM</td> <td>10:30 AM</td> <td>1:00 PM</td> <td>2:30 PM</td> </tr> <tr> <td>1 <input checked="" type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> </table>		\$:30 AM	10:30 AM	1:00 PM	2:30 PM	1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
\$:30 AM	10:30 AM	1:00 PM	2:30 PM									
1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>									

Section 1049-a of the NYC Charter and the Rules of the City of New York allow the Environmental Control Board To hold Hearings. For Hearing options see other side.

WARNING: If you do not have a hearing (or pay by mail if permitted), the ticket will be decided against you and you will have to pay a fine. You may also have a license taken away or a new license request denied. The City may also go to Court and enter a judgment against you. See Instructions on accompanying sheet and www.nyc.gov/ecb.

I, an employee of the below agency, personally observed the commission of the civil violation charged above. False statements made herein are punishable as a class A Misdemeanor pursuant to section 210.45 of the Penal Law. Affirmed under penalty of perjury.

RANK (TITLE) SIGNATURE OF COMPLAINANT PUBLIC HEALTH SANITARIAN LEVEL II		REPORT LEVEL MV-2
COMPLAINANT'S NAME Lena Cho	TAX REGISTRY NUMBER 1697	AGENCY 816

No. 0890001292




Handheld Computer Inspection Report

NEW YORK CITY		INSPECTION REPORT		DIVISION OF ENVIRONMENTAL HEALTH	
DEPARTMENT OF HEALTH & MENTAL HYGIENE				Bureau of Food Safety and Community Sanitation 125 North Street, Room 504, Chelsea, New York NY 10013 Tel: (212) 312-6591; FAX: (212) 312-6296	
CAMS No: 41415223	Permit #: 1321349	Inspection Date:	Jan 14, 2014		
Permittee:		Start Time:	1/14/2014 1:28:06PM		
D.B.A.:		Inspection Type:	Initial Inspection/Cycle Inspection		
Address:	ASTORIA Queens 11106	Inspection Location:	125 NORTH STREET, Manhattan, New York 10007		
Telephone:			Page 1 of 2		
Inspection Summary:					
Inspection Type:		Initial Inspection (FBI)			
Result:		Notice of Violation Served			
Violations:					
Num	Violation Code	Violation Description			
1	04J	Thermometer for measuring the temperature of food not provided and used to measure temperatures of potentially hazardous foods during cooking, cooling, reheating and holding. Vendor noted having cooked raw meat and cooked rice. Corrective action: Operator instructed to obtain an accurate metal stem-type or thermocouple thermometer. NYCHC 81.19(8)			
2	05D	Handwash facility, inadequate initial hand wash sink cleaned without soap. NYCHC 81.21(6)			
3	22C	Light fixtures not properly shielded in that one instance light shield(s) not provided for non-shatterproof bulb(s) above salad storage container. NYCHC 81.19(6)			
Inspection Notes:					
<p>Re: NYV operational inspection Unit: Processing cart Location: 125 North Street, Manhattan Hours: 8:00 AM - 4:00 PM Commissary: United Wholesale and Trading at 39-40 22 Street, Queens Provided: Paper towels and paper liners Hearing issued Date: 02/18/2014 Time: 9:30 AM Action: "M"</p>					
Attachments:					
Num	Description				
1	ECB				
2	ECB Respondent Instructions				
3	RF				
Department of Health & Mental Hygiene employee must show identification. Falsification of any statement makes herein an offense punishable by a fine of not more than \$500 or not more than 60 days imprisonment or both, NYC Administrative Code § 10-154					
I acknowledge that I have received a copy of this inspection report.					
DOHMH Rep. Sig:		Received by:			
Name:		Name:			
Title: Vendor		Title: Vendor			
Date: Jan 14, 2014		Date: Jan 14, 2014			

NOTICE OF VIOLATION AND HEARING * FOR CIVIL PENALTIES ONLY				
City of New York, Police and Department of Health				
LAST NAME (Print)	FIRST NAME	INITIAL	Sex	
STREET ADDRESS				
CITY	STATE	ZIP		
BKLYN	NY	11228		
CARTEL	DEPT			
TYPE OF LICENSE/PERMIT OR IDENTIFICATION		ISSUED BY		
Health Dept. License		New York		
NOTICE ALSO SENT TO	FIRST NAME	INITIAL		
LAST NAME				
STREET ADDRESS				
CITY	STATE	ZIP		
ASTORIA	NY	1106		
The Respondent is charged with violation of Law / Rule				
Date of offense	TIME	Borough	Violation Code	
01/14/2014	1:28 PM	Manhattan	ASHD	
NYC ADMINISTRATION CODES/RULES OF THE CITY OF NEW YORK		OTHER CODES		
Food Vendor Provision		NYC Health Code Provision		
SECTION/RULE				
NYCHC 81.19(6)				
At	Place Of	Opposite	Place of Occurrence	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	125 NORTH STREET	
DETAILS OF VIOLATION				
Light fixtures not properly shielded in that one instance light shield(s) not provided for non-shatterproof bulb(s) above salad storage container. NYCHC 81.19(6)				
PROPERTY REMOVED				
Yes <input type="checkbox"/>	No <input type="checkbox"/>	1 <input type="checkbox"/> 2 Family <input type="checkbox"/> 3 Multiple Dwelling <input type="checkbox"/> 4 Commercial <input type="checkbox"/>		ALTERNATE SERVICE
Mail In Penalty Schedule		NO MAIL-IN PENALTY YOU MUST APPEAR		Maximum Penalty For Violation \$ 400.00
\$25	\$50	\$100	\$200	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
See Date and Time		See reverse side		
Vendor Multiple Offense Schedule (See Reverse Side)		Before		
City of Hearing	18th	Day of February	2014	
1	2	3	4	
9:30 AM	10:30 AM	1:00 PM	2:30 PM	
Section 1094 of the NYC Charter and the Rules of the City of New York allow the Environmental Control Board to hold hearings. See Hearing notices on other side.				
WARNING: If you do not have a hearing (or pay by mail if permitted), the ticket will be decided against you and you will have to pay a fine. You may also have a license taken away or a new license required. The City may also go to Court and make a judgment against you. See instructions on accompanying sheet and www.nyc.gov/infocenter .				
I, an employee of the above agency, personally observed the commission of the civil violation charged above. False statements made herein are punishable as a class A misdemeanor pursuant to section 210.4 of the Penal Law. Affirmation under penalty of perjury.				
RANK (TITLE) SIGNATURE OF COMPLAINANT		REPORT LEVEL		
PUBLIC HEALTH SANITARIAN LEVEL II		M-3		
COMPLAINANT'S NAME	TAX REGISTRY NUMBER	AGENCY		
		816		
000076770 000076770				

Permittees are Responsible for Vending Operations

- In the past violations were issued to the vendors working on the unit, citing the vending license
- Vendor may or may not have also been the permit holder
- The permit holder, as the business owner, is supposed to oversee operations and ensure that vending rules are followed
- Poor supervision by some permittees allowed some vendors to fail to follow food safety and other vending rules, putting the public at risk

Permittees are Responsible for Violations

- Permittees will now be cited for all but a few violations observed during an inspection
- Both DOHMH and NYPD will cite violations to the permittee.
- Violations will be served on the vendor at the unit at the time of the inspection and mailed to the permittee at the address on file with DOHMH
- Any vendor you allow to work on your unit is your agent and receiving the Notice of Violation is service on you, the permittee

Permittees are Responsible for All Violations

- NYPD summons served at the inspection will now indicate: “Issued to Permittee of Decal # 123456” or “Holder - Mobile Food Vending Unit Permit Decal Immediately Below”

00123456789

NOTICE OF VIOLATION AND HEARING • FOR CIVIL PENALTIES ONLY
City of New York, Petitioner vs Respondent:

LAST NAME (Print) <i>Holder - Mobile Food</i>	FIRST NAME <i>Vending</i>	INITIAL	Sex
STREET ADDRESS <i>Unit Permit Decal Number</i>			
CITY <i>Immediately Below</i>		STATE	ZIP
17000			

Sample - NYPD ECB Summons

ECB 603 1005

ENVIRONMENTAL CONTROL BOARD • NOTICE OF VIOLATION AND HEARING • FOR CIVIL PENALTIES ONLY
City of New York, Petitioner vs Respondent:

LAST NAME (Print) HOLDER - MOBILE FOOD VENDING		FIRST NAME		INITIAL	Sex
STREET ADDRESS UNIT PERMIT DECAL NUMBER					
CITY IMMEDIATELY BELOW					
STATE					
ZIP					
A 4 2 5 9					

TYPE OF LICENSE / PERMIT OR IDENTIFICATION NUMBER		7	Cert. of Auth.	ISSUED BY
1 <input type="checkbox"/> Consumer Affairs License	4 <input type="checkbox"/> Vehicle Plate	8	Build Reg. No.	DOHMH
2 <input checked="" type="checkbox"/> Health Dept. License	5 <input type="checkbox"/> Meter Number	9	Telephone No.	
3 <input type="checkbox"/> Motorist Identification	6 <input type="checkbox"/> Soc. Sec. No.	10	Other	

NOTICE ALSO SENT TO

LAST NAME	FIRST NAME	INITIAL
STREET ADDRESS		
CITY		
STATE		
ZIP		

The Respondent is charged with violation of Law/Rule.

Date of Offense	AM	Time	PM	Borough	CB NO.	Violation Code
04/01/14	<input type="checkbox"/>	1:30	<input checked="" type="checkbox"/>	Manh		F 1 6

NYC ADMINISTRATIVE CODE/RULES OF THE CITY OF NEW YORK

1 <input type="checkbox"/> "Air Code" Provisions	5 <input type="checkbox"/> Sanitation Provisions	9 <input type="checkbox"/> Park Rules	11 <input type="checkbox"/> NYS Public Health Law
2 <input type="checkbox"/> "Noise Code" Provisions	6 <input type="checkbox"/> General Vendor Provisions	10 <input type="checkbox"/> Other	12 <input type="checkbox"/> NYC Health Code Provisions
3 <input type="checkbox"/> "Water Code" Provisions	7 <input checked="" type="checkbox"/> Food Vendor Provisions		13 <input type="checkbox"/> NYS VTL
4 <input type="checkbox"/> "Sewer Code" Provisions	8 <input type="checkbox"/> Transportation Provisions		14 <input type="checkbox"/> Other

SECTION/RULE
NYC Admin. Code 17-315 (c)

At	Front of	Opposite	Place of Occurrence
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	250 BROADWAY

DETAILS OF VIOLATION
TIPLO, A/O observed food vendor licence # [redacted] SELL/OFFER for sale hot dogs/soda from a cart bearing the above permit decal. A/O observed 3 cases of soda on sidewalk and not on or under the cart.

Property Removed	ALTERNATIVE SERVICE		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> 1-2 Family	2 <input type="checkbox"/> Multiple Dwelling	3 <input type="checkbox"/> Commercial

Statute Penalty Schedule	NO MAIL IN PENALTY. ** P.D. SHALL APPEAR.	Maximum Penalty For Violation
\$25 \$50 \$100 \$250 \$	Other	\$
Vendor Multiple Offense Schedule (See Reverse Side)		or see reverse side

Date of Hearing: 7 Day of MAY and 4

Proceedings will be held under authority of the N.Y.C. Charter Section 1404 and the Rules of the City of New York at 15 RCNY Chapter 31.

WARNING: If you do not appear (or pay by mail if permitted) you will be held in default and subject to the maximum penalties permitted by law. Failure to appear or pay a penalty imposed may lead to suspension of your license or other action. If necessary you may have to appear in court as the possibility of a judgment entered against you in Civil Court. FURTHER INSTRUCTIONS ON REVERSE SIDE.

I, an employee of the below agency, personally observed the commission of the civil violation charged above. False statements made herein are punishable as a class A misdemeanor pursuant to section 210.45 of the Penal Law. Affirmed under penalty of perjury.

RANK (TITLE) SIGNATURE OF COMPLAINANT	REPORT NUMBER
PO John Smith	519

COMPLAINANT'S NAME (Print) TAX REGISTRY NUMBER AGENCY
JOHN SMITH 91919199 NYPD

Permittees are Responsible for All Violations

- The copy mailed to the permittee will replace the decal number with the name of the permittee
- There will be no significant change in what you see on DOHMH's inspection reports

Permittees are Responsible for Violations

- NYPD started on April 7, 2014
- DOHMH will start April 27, 2014

Photographs & Pre-permit Inspections

- **RCNY §6-11 Inspections; permit issuance and renewal.**
 - *(c) Permit holder photographs.* All individual applicants for a new or renewed permit, and persons who require a replacement or substitute permit or decal for a mobile food vending unit, shall personally appear at a location designated by the Department so that a current identifying photograph may be taken.

Photographs & Pre-permit Inspections

- **RCNY §6-11 Inspections; permit issuance and renewal.**
 - (d) *Pre permit inspections and reinspections.* **Permit applicants or permittees** must bring the mobile food vending unit in for inspection, at a place designated by the Department, and present (i) a currently valid mobile food vendor's license, and (ii) another government issued photo identification acceptable to the Department in the following circumstances:
 - (1) Before the issuance of a new or renewed mobile food vending permit and decal;
 - (2) When a permittee seeks to replace a mobile food vending unit with another unit;
 - (3) When a permittee seeks to amend a permit classification from non-processing to processing or processing to non-processing;
 - (4) When a mobile food vending unit has sustained a material alteration, as defined in §89.03 (e) of the Health Code; or
 - (5) When any permit decal has been removed.

Authorized Vendor Form application requirement

- **RCNY §6-11 Inspections; permit issuance and renewal.**

(f) Identifying operators of mobile food vending units.

The applicant for a new or renewal permit must (1) complete a form provided by the Department listing the name(s), address(es), telephone number(s) and the currently valid mobile food vending unit license number(s) of each person who will be operating the mobile food vending unit, and (2) provide a statement describing the legal relationship of such person to the permit holder, in accordance with §17-309(b)(1) of the Administrative Code. The completed form shall be signed and notarized by the permit applicant.

Authorized Vendor Form



Health

OPERATOR LIST FOR MOBILE FOOD VENDOR PERMIT HOLDERS

I, _____, CAMIS ID# _____, applicant/permit holder for a NYC Department of Health & Mental Hygiene Mobile Food Vending Permit, being duly sworn, depose and state that the following individual(s) may operate my Mobile Food Vending unit.

Name _____

Home Address _____

DOHMH CAMIS/Record # _____

Legal Relationship _____

Name _____

Home Address _____

DOHMH CAMIS/Record # _____

Legal Relationship _____

Name _____

Home Address _____

DOHMH CAMIS/Record # _____

Legal Relationship _____

Name _____

Home Address _____

DOHMH CAMIS/Record # _____

Legal Relationship _____

(use additional pages if necessary)

I understand that it is my obligation to update this information to include any and all individuals who may operate my unit during the course of the permit.

State of New York]

County of] ss:

Sworn before me this _____ day of _____, 20_____

Applicant Signature _____

Notary Signature & Stamp _____

Rev 12/10



Unit Construction Requirements

- As of October 31, 2013 the maximum size of a cart is 10 feet x 5 feet
- Any permit that was renewed by October 31, 2013 was allowed to use a larger cart until the next permit renewal or decal replacement (substitution or closing)
- There are no mobile vending laws about the requirement for vehicles. Motor vehicle or other laws may apply.
- Some units may need to be re-designed to meet the new size – awnings are included in the size

Unit Construction Requirements

- For a complete listing of all construction requirements please visit the DOHMH website

<http://www.nyc.gov/html/doh/html/about/health-code.shtml>

- NYC Health Code Article 89 – Mobile Vending
- NYC Health Code Article 81 – Food Service Establishments
- Rules of the City of New York (RCNY), Chapter 6 – Food Units

Workers Compensation and Disability Insurance Application Requirement

- New York State Law requires that before any license or permit can be issued in NY state that the issuing agency verify that the permittee or licensee has valid Workers Compensation and Disability Insurance (WCDI) for workers
- Anyone vending from the permittee's unit is an "employee" and permittee must provide WCDI
- DOHMH is now requiring all MV Permittees to show proof they have WCDI or are exempt in order to obtain a permit or renew.

Workers Compensation and Disability Insurance Application Requirement

- In “general” WCDI is required:
 - If you have a contractual relationship with a worker, i.e. you hire a vendor to work for a salary
 - If you employ a family member
 - If the permittee works the unit alone (you can apply for an exemption but still must submit the CE200 exemption form)
- For more information visit:

<http://www.wcb.ny.gov/content/main/Employers/ProveltToMoveIt.pdf>

Notifying DOHMH of Changes in Information

- Permittees and Licensees must notify the Department within ten (10) business days of any change in the information provided on an application for a license or a permit (Health Code §89.13) including, but not limited to:
 - Your address and contact information
 - Names and license numbers of persons authorized to operate a permittee's mobile food vending unit
 - Where you store and service your unit

Notifying DOHMH of Changes in Information

- Failure to timely notify the Department of a change in address by a licensee or permittee shall result in the declaration of a default if the Department commences a proceeding for the licensee or vendor to show cause why the Commissioner should not revoke or suspend the license or permit and mails the petition and notice of hearing to the licensee's or permittee's last known address as maintained in Department records.

Illegal Transfer of a Permit

- **Health Code §89.17 Prohibition against transfer of a license or permit.**
 - (a) *Transfers prohibited.* No person holding a permit for a mobile food vending unit or a license to operate a mobile food vending unit shall sell, lend, lease or in any manner transfer his or her license, permit, badge or decal, except in accordance with applicable law.
 - (b) *Unauthorized transfer voids permit and license.* Any unauthorized transfer or attempt to transfer a license, permit, badge or decal shall automatically void such license, permit, badge and identification insignia.

Food Protection Course for Mobile Food Vendors

- The DOHMH Health Academy in conjunction with the Mobile Food Vending Program has made extensive revisions to the Food Protection Course offered to Mobile Food Vendors (MV-FPC)
- The MV-FPC will now provide significant guidance on many areas where we have observed that vendors fail to comply with regulations

Food Protection Course for Mobile Food Vendors

- Areas being significantly emphasized:
 - Permit requirements
 - Placement requirements
 - Commissary requirements
 - Unit construction requirements
 - Basic food vending operation requirements

Food Protection Course for Mobile Food Vendors

- There has been no change in the cost or length of the MV-FPC
- Languages available
 - English

Food Protection Course for Mobile Food Vendors

- For more information on the revised Mobile Food Vendors Food protection Course please visit the DOHMH Health Academy website

<http://www.nyc.gov/html/doh/html/services/health-academy.shtml>

Questions

- If we couldn't get to your question please contact us!

Mobile Food Vending Inspection Program
(646) 632-6203

MFVInspections@health.nyc.gov