



**APPLICATION FOR LICENSE / PLAN REVIEW**  
**COMMISSARY, WAREHOUSE, VENDING OPERATIONS,**  
**MOBILE UNITS, and PUSHCARTS**

MARION COUNTY  
 ENVIRONMENTAL HEALTH  
 PH: 503-588-5346 FAX: 503-566-2986

ALL INFORMATION MUST BE LEGIBLE AND COMPLETE IN ORDER TO ISSUE A LICENSE

<b>Name of Legal Owner(s):</b>		<b>CLASS:</b>
<b>Name on Pushcart/Mobile Unit (LOGO):</b>		
<b>Phone:</b>	<b>Operation will be:</b> <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	
<b>Mailing Address:</b>	<b>City, State, Zip:</b>	
<b>Commenced Business (Month &amp; Year):</b>	<b>DMV License Plate #:</b>	
<b>Previous Owner/Company Name:</b>		

Check Applicable Box	Fee	Normal Daily Route
<input type="checkbox"/> Plan Review		
<input type="checkbox"/> Mobile Unit		
<input type="checkbox"/> Commissary		
<input type="checkbox"/> Warehouse		
<input type="checkbox"/> Vending: ( # of machines        )		

**OAR 333-162-0920 requires that a completed plan review packet be submitted and reviewed before the mobile unit can be issued a license and approved to operate. Incomplete plans may be returned for additional information.**

**Name of Commissary/Warehouse:**

**Address of Commissary/Warehouse:**

All licenses issued under this Act shall be renewable on DECEMBER 31<sup>st</sup> of EACH YEAR. It is agreed that I will comply with the provisions of Chapter 624, Oregon Revised Statutes, and the Administrative Rules of the Oregon Department of Human Services pertaining thereto.

**MAKE CHECKS PAYABLE TO:**  
**MARION COUNTY ENVIRONMENTAL HEALTH**  
**3180 Center St NE #2274**  
**Salem, OR 97301**

**Signature of Applicant/Owner:**

**Date:**

**Address:**

**Phone:**

**DO NOT WRITE IN THIS SPACE**

Date Application Received: \_\_\_\_\_ Fee Received: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_