



Marion County

OREGON

Health & Human Services

FOOD SERVICE LICENSE APPLICATION

MOBILE UNIT, COMMISSARY, WAREHOUSE, VENDING MACHINE

Class 1 Class 2 Class 3 Class 4 Construction Type: New Remodel
 Warehouse *Commissary Change of Ownership (provide a menu)
 Vending (# of machines ____)

License History: Previously licensed in another County or State: Yes No

If yes, last year of operation: _____ County and State last licensed in: _____

Establishment Name:

Location(s) of Mobile (Address and City):

Location of Warehouse (Address, City, State, Zip):

Location of Commissary (Address, City, State, Zip):

**Please attach Commissary Agreement Form*

Operator Name:

Phone:

Mailing Address:

Do you own other establishments licensed by the Health Dept? Yes No Names:

Email:

Social Media:

Operating Days and Hours: Circle days and write hours of operation

Days	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Hours	to	to	to	to	to	to	to

Months of Operation: Check all that apply -- OR -- All Year

Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

What days/times will the Commissary be used?

All licenses issued under this Act shall be renewable on DECEMBER 31ST of EACH YEAR. It is agreed that I will comply with the provisions of Chapter 624, Oregon Revised Statutes, and the Administrative Rules, Chapter 333, of the Oregon Health Authority pertaining thereto. Furthermore, I attest that the information provided on this form is accurate.

Applicant's Signature: _____

Date: _____

Print Name: _____

MAKE CHECKS PAYABLE TO:
MARION COUNTY ENVIRONMENTAL HEALTH
3180 CENTER ST NE, SUITE 1101
Salem, OR 97301-4592

Fee Received: \$	Date:	By:
Check #:	Cash/CC:	Receipt #: Facility #:
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Date:	Inspected By: