



FOOD SERVICE LICENSE APPLICATION

MOBILE UNIT, COMMISSARY, WAREHOUSE, VENDING MACHINE

Mobile Unit Class: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Warehouse <input type="checkbox"/> Vending (# of machines _____) <input type="checkbox"/> Commissary	Construction Type: <input type="checkbox"/> Pre-existing <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Change of Ownership (provide a menu) Estimated Opening Date: _____
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Establishment Name: _____

Establishment Phone #:	Establishment E-mail:
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Fresh Water Source: City Home Private Well Local Business N/A (*Warehouse*)
 Provide the name, city and/or address of your water source: _____

License History: Was the **Mobile Unit** previously licensed in Oregon? Yes No N/A
 If yes, last year of operation: _____ County last licensed with: _____

Location(s) of **Mobile Unit** (Address and City): _____

Wastewater Disposal Agreement submitted? <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Restroom Agreement submitted? <input type="checkbox"/> Yes <input type="checkbox"/> N/A
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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: All Year -- OR -- Other: _____

Location(s) of **Warehouse** or **Vending Machine(s)** (Address, City, Zip):
 N/A

Warehouse Agreement submitted? <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Vending Machine Plan Review application submitted? <input type="checkbox"/> Yes <input type="checkbox"/> N/A
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Location of **Commissary** (Address, City, Zip):
 N/A

Name of licensed kitchen:	Commissary Agreement submitted? <input type="checkbox"/> Yes <input type="checkbox"/> N/A
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What days/times will the **Commissary** be used? _____

Owner Name: _____	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership
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Do you own other establishments licensed by the Health Dept.? Yes No
 If yes, list the Establishment name(s): _____

Owner Mailing Address: _____

Owner Email:	Phone:
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Billing Address: (Same as the Owner) _____

Billing Email:	Phone:
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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: _____

For Office Use		
Fee Received: \$	Date:	Receipt #:
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Date:	Inspected By: