

MOBILE UNIT, COMMISSARY & WAREHOUSE LICENSE APPLICATION

Environmental Health Department
Phone: 503.655.8384 - Fax: 503.742.5352

Mobile Unit # _____ Commissary # _____ Warehouse # _____

Name of Unit: _____

Location of unit when in operation: _____

Name of applicant (Owner): _____ Telephone number: _____

Email address: _____

Applicant mailing address: _____

Warehouse or Commissary address: _____

LICENSE FEE MUST ACCOMPANY THIS APPLICATION – SEE FEE SCHEDULE

FACILITY TYPE

FEE

MOBILE UNIT= Class I - Class II - Class III - Class IV

Circle One

COMMISSARY =

COMBO-COMMISSARY =

WAREHOUSE =

TOTAL FEE ENCLOSED = _____

**MAKE ALL CHECKS PAYABLE, AND MAIL TO: CLACKAMAS COUNTY COMMUNITY HEALTH DIVISION
2051 KAEN ROAD # 367 – OREGON CITY OR 97045**

ALL LICENSES ISSUED UNDER THIS ACT SHALL TERMINATE AND BE RENEWABLE ON DECEMBER 31, OF EACH YEAR. IT IS AGREED THAT I WILL COMPLY WITH THE PROVISIONS OF CHAPTER 624, OREGON REVISED STATUTES, AND ADMINISTRATIVE RULES OF THE OREGON HEALTH DIVISION PERTAINING THERETO.

Signature of Applicant & Title

Date

DO NOT WRITE IN THIS SPACE

APPROVED BY: _____ DATE APPROVED: _____

REMARKS _____

-ATTENTION-

THE COMMISSARY AGREEMENT ON THE BACK OF THIS FORM MUST BE COMPLETED BEFORE THIS APPLICATION CAN BE ACCEPTED.

MOBILE UNIT COMMISSARY / WAREHOUSE AGREEMENT

Environmental Health Department
Phone: 503.655.8384 - Fax: 503.742.5352

OAR 333-162-0040 Base of Operation: Mobile food units shall operate from a licensed commissary or warehouse. This commissary is to be used for all preparation and storage of food items and provide approved dishwashing facilities as needed. A mobile unit that serves only prepackaged potentially hazardous items can operate with no sinks, or water storage, and can be serviced by a licensed warehouse.

I, _____, owner/operator of the _____
(Restaurant), give permission to allow _____ (Commissary operator)
the use of my food service facility for the following purposes:

ANSWER YES OR NO TO THE FOLLOWING:

1. Storage of food, utensils, paper goods, and other supplies? ☐ Yes ☐ No
2. Preparation of food products? ☐ Yes ☐ No
3. Washing of utensils and equipment by approved methods? ☐ Yes ☐ No
4. Obtaining potable water or ice? ☐ Yes ☐ No
5. Disposal of liquid and solid waste? ☐ Yes ☐ No

If no, where will you dispose of waste? (Location): _____

6. Storage or garaging of mobile unit at the restaurant/commissary? ☐ Yes ☐ No

If no, where will you store the unit? (Location): _____

Signed and agreed upon this date: _____

THIS AGREEMENT EXPIRES DEC. 31st OF YEAR ISSUED

Restaurant's Owner's name

Mobile Unit / Commissary Operator's name

Phone Number

Phone Number

Street Address

Street Address

City & Zip Code

City & Zip Code

DO NOT WRITE IN THIS SPACE

APPROVED BY: _____ DATE APPROVED: _____

REMARKS _____