

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= <u>Class I - Class II - Class III - Class IV</u> <i>Circle One</i>	_____
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

OCAR 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 _____