



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENVIRONMENTAL HEALTH PROGRAM**
155 North First Avenue, MS 5, Suite 170
Hillsboro, OR 97124
Telephone: (503) 846-8722 ♦ Fax: (503) 846-3705
www.washcofoodsafety.com



Public Health
Prevent. Promote. Protect.

MOBILE FOOD UNIT LICENSE APPLICATION

This Box for Office Use Only		Facility Name:	
Facility #:			
Facility Address: (include city, state, zip)			
Facility Phone:		Facility Fax:	
Mobile Food Unit Classification: <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV			
Previously Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, under what name?	
Open Date: (mo/yr)		Name/location of other establishments you own:	
Water Source:		Sewage: <input type="checkbox"/> Public <input type="checkbox"/> Septic	
Wastewater Disposal Site Location:			
Owner Name:			
Owner Home Address: (include city, state, zip)			
Telephone:		Office Phone:	Cell:
Fax:		E-mail:	
Operator Name:			
Operator Address: (include city, state, zip)			
Telephone		Office Phone:	Cell:
Fax:		E-mail:	
Billing Name:			
Billing Address: (include city, state, zip)			
Note: All licenses expire every year on December 31. Licenses are not transferable. Please call the Washington County Environmental Health Office if you have questions regarding your license, fees, facility inspections or how to obtain a Food Handler Card.			
The license fee of \$ _____ is hereby made for application to operate the above establishment in compliance with all applicable food service regulations. I understand that failure to meet the requirements of the provisions of Oregon Revised Statutes, Chapter 624, and the Administrative Rules, Chapter 333 of the Oregon Health Authority may require denial or revocation of the license. Furthermore, I attest that the information provided on this form is accurate. It is a Class B Misdemeanor to knowingly make any false written statement in connection with an application (ORS 162.085). All information provided is a matter of public record. License fees are based on the type of business operation. Please see the fee schedule to determine the amount and submit the proper fee with completed application prior to opening or change of ownership. All Mobile Food Units are required to submit a Route Form and A Restroom Requirement Form. Depending on their operation, they may also be required to submit a Commissary or Warehouse Agreement. License fees are based on the type of business operation and must be submitted with your license application prior to opening or change of ownership.			
Mail application and check or money order payable to: Washington County Environmental Health			
Signature of Applicant or Authorized Representative:			
Print Name:		Date:	
DO NOT WRITE IN THE SPACE BELOW			
Fee Received:		Ck/MO#:	Receipt #:
Received By:		Date:	Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:			



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Mobile Food Unit Change of Ownership Application Addendum

Facility Name _____

Facility Address _____

1. Is the menu changing from the previous facility's menu? Yes No
If yes, please provide details: _____

2. Are you adding any new equipment or removing any old equipment (including sinks) or modifying the mobile food unit in any way? Yes No
If yes, please provide details: _____

3. Prior to change of ownership, was this facility closed? Yes No
If yes, how long was the business closed? _____

4. What commissary will you be utilizing? Name: _____
Address: _____

By signing below, I understand that the information provided on this report is being used to determine the status of my facility; should any information be discovered that invalidates the above information, I may be required to go through plan review or other administrative processes as deemed necessary.

Signature

Date

Printed Name

Office Use Only

Is this facility currently licensed by Washington County or ODA? Yes No
If no, verify operational status with licensing agency
If yes, is the number of licensed facilities using this commissary/restaurant > 2? Yes No
Any "Yes" answer above will require Plan Reviewer sign-off before license approval.
If greater than 2 (>) facilities using this site, give to plan reviewer.

Plan Review Required? Yes No If yes, Minor Major

Plan Review Approval by:

Date