



**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.co.washington.or.us/foodsafety



Public Health
Prevent. Promote. Protect.

MOBILE FOOD UNIT LICENSE APPLICATION

<small>This Box for Office Use Only</small> Facility #:		Facility Name:	
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)			
<p>This application is made as required by Oregon Revised Statutes, Chapter 446, and is subject to compliance with these statutes and administrative rules thereunder. The new operator, in the event of a change of ownership, must immediately secure a license in his or her name.</p> <p>All licenses issued under these statutes automatically expire on December 31 and must be renewed before January 1 of the next year. Licenses and renewal notices are sent to the mailing address of the facility. Reinstatements of expired licenses are subject to penalty fees.</p> <p>I certify that the facility is in compliance with the provisions of ORS 446.310 to 446.350, the rules adopted pursuant thereto, and the requirements of the Building Codes Agency and that the information given in the above application is complete and accurate to the best of my knowledge.</p> <p>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.</p> <p>NOTE: Each application must include fee from current Fee Schedule. FEE ENCLOSED: _____.</p>			
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 _____