



Establishment ID: _____
Owner ID: _____
For office use only

## FOOD SERVICE LICENSE APPLICATION

### MOBILE UNIT, COMMISSARY, WAREHOUSE, VENDING MACHINE

- Mobile Unit- Class: \_\_\_\_\_   
  Commissary   
  Warehouse   
  Vending-# Units: \_\_\_\_\_  
 New Construction   
  Remodel  
 Change of Ownership   
 Former establishment name: \_\_\_\_\_

**Establishment Name:** \_\_\_\_\_

Sewer system:     Private     Public

Water system:     Private     Public    Public Water System Name/Number: \_\_\_\_\_

**Owner/Applicant Name:** First: \_\_\_\_\_ Last: \_\_\_\_\_

- Individual   
  Corporation   
  Partnership   
  Other: \_\_\_\_\_

DBA or C/O: \_\_\_\_\_

Do you own other establishments licensed by the Health Dept.?     No     Yes

If yes, Establishment Name(s): \_\_\_\_\_

Owner Mailing/Billing Address: \_\_\_\_\_

Owner Cell #: \_\_\_\_\_    Owner Phone #: \_\_\_\_\_

Owner E-mail: \_\_\_\_\_    Owner Fax #: \_\_\_\_\_

Alternate Contacts: \_\_\_\_\_

**Primary e-mail for billing/correspondence:** \_\_\_\_\_

**Establishment Physical Location:** \_\_\_\_\_

Establishment Mailing/Billing Address: \_\_\_\_\_

Establishment Phone #: \_\_\_\_\_

Establishment Website: \_\_\_\_\_

The payment of \$ \_\_\_\_\_ license fee 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.

Signature of Applicant: \_\_\_\_\_    Date: \_\_\_\_\_

#### FOR OFFICE USE ONLY

Fee received: \_\_\_\_\_    Date: \_\_\_\_\_  
 Cash     Check# \_\_\_\_\_     Money Order

Inspected by: \_\_\_\_\_    Date: \_\_\_\_\_  
 Approved     Not Approved