



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