



Notice of Mobile Unit Movement

Environmental Health

Oregon Revised Statutes 624.320(3) requires that when a Mobile Unit is moved to a county other than the county that licensed it, the operator must notify the health department for that new county before operating the Mobile Unit there.

The inspector may inspect your Mobile Unit and charge you a \$25.00 inspection fee, or require that you obtain a temporary restaurant license if you are operating outside of the requirements set by the county you are licensed in.

Date of Notice: _____

APPLICANT INFORMATION

Applicant Name: _____ Daytime Phone: _____

Applicant Mailing Address: _____

City: _____ State: _____ Zip: _____

Date(s) of Operation: _____

Hours of Operation: _____

Person in Charge of Operation: _____ Daytime Phone: _____

LICENSING AND INSPECTION INFORMATION

- Check to signify you have attached the Mobile Unit License (from another county)
- Check to signify you have attached an inspection report dated within the last 6 months

MENU

- Check to signify you have attached a copy of the Mobile Unit's menu

EVENT INFORMATION

If you are operating at an organized event in Benton County, please also complete the following:

Event Name: _____

Event Coordinator: _____ Non-Profit Tax ID: _____
(required for benevolent organization)

Event Location: _____ Event Date(s): _____

LOCATION INFORMATION

Will the Mobile Unit be operating at multiple locations? Yes No

List all locations where you plan to operate:

If operating on a fixed route or in multiple locations, indicate the approximate time (and dates, if applicable) you will be at each location.

Attach additional sheets if necessary

Return completed electronic forms to: EAdmin@bentoncountyor.gov

Return completed paper forms to: Benton County Environmental Health Program

In person:

4500 SW Research Way
Corvallis, OR 97333

By mail:

P. O. Box 3020
Corvallis, OR 97339

If your operating location(s) or route changes, you must inform your local health department.

If you move your mobile unit to another county, prior to operating, you must notify the local health department in the county you are moving to.

Signature of Applicant

Date

FOR BCHD OFFICE USE ONLY

Inspection done? Yes No

Date: _____ Fee: _____

Date fee received: _____ Receipt number: _____