

Environmental Health Division Office: (541) 766-6841 Fax: (541) 766-6248

> 4500 SW Research Way P.O. Box 3020 Corvallis, OR 97339-3020 co.benton.or.us/health

Date Notice Received: _____

NOTICE OF MOBILE UNIT MOVEMENT

Oregon Revised Statutes 624.320 requires that when a mobile unit is moved to a county other than the county that licensed the mobile unit, the mobile unit operator must notify the health department for the county to which the mobile unit is moved prior to operating the mobile unit within that county.

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.

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

Event Name

Event Location/Address		Event Coo	ordinator
Event Date(s) organization).	_ Nonprofit tax ID No		_ (required for benevolent
1. Applicant Name:		_ Day Pho	one
Applicant Mailing Address:		City	State Zip
Date(s) of Operation	Hours of C	Operation	
Person in Charge of Operation: _			Day Phone:
2. Provide a copy of your current	Mobile Unit License and a	an inspectio	on report from the last 6 months

3. Provide a copy of your menu

Turn over for page 2

4. Do you plan to operate 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.

Event Name, Operating Location, and Operating Dates and Times

Return completed form to:

Benton County Environmental Health Program 4500 SW Research Way 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 Office Use Only:				
Inspection Done? Y N	Date	Fee		
Date Fee Received		Receipt Number		

EHF-0317a 5/2022: pf