Oregon Health Authority

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

FOOD SERVICE
LICENSE APPLICATION
MOBILE UNIT, COMMISSARY, WAREHOUSE, VENDING MACHINE

☐ Mobile Unit ☐ Commissary ☐ Warehouse ☐ Vending Machine
Class: _____ # Units: _____
☐ New Construction ☐ Remodel
☐ Change of Ownership Former establishment name: _____

Establishment Name: _____
Establishment Physical Address: _____
Establishment Billing Address: _____
Establishment Phone #: _____

Owner/Applicant Name: _____
☐ Individual ☐ Corporation ☐ Partnership ☐ Other: _____
Do you own other establishments licensed by the Health Dept.? ☐ No ☐ Yes
Name(s): _____
Owner Physical Address: _____
Owner Billing Address: _____
Owner Phone #: _____ Owner Cell #: _____
Owner Fax #: _____ Owner E-mail: _____

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: _____

Mail application and check payable to your local Environmental Health Office at:

FOR OFFICE USE ONLY

Fee received: _____ Date: _____
☐ Cash ☐ Check# _____ ☐ Money Order
Inspected by: _____ Date: _____
☐ Approved ☐ Not Approved