



**FOOD SERVICE
LICENSE APPLICATION**

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

MOBILE UNIT, COMMISSARY, WAREHOUSE, VENDING MACHINE

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

Establishment Name: _____

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

If yes, Establishment Name(s): _____

Establishment Physical Location: _____

Sewer system: Private Public

Water system: Private Public Water System Name/Number: _____

Establishment Phone #: _____ Number of units/rooms/spaces: _____

Establishment Email: _____

Owner Name (displayed on license): _____

Individual Corporation Partnership Other: _____

Primary Contact: First: _____ Last: _____

Owner Mailing Address: _____

Owner Phone #: _____ Owner Cell #: _____

Alternate Phone: _____ Owner E-mail: _____

Alternative Email: _____

Primary Email for billing/correspondence: _____

Establishment Billing Address (if different than above): _____

Billing Phone #: _____ Billing Cell #: _____

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: _____

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Fee received: _____ Date: _____

- Cash Check# _____ Money Order

Inspected by: _____ Date: _____

- Approved Not Approved Risk 1 Risk 2
 Full Svc Limited Svc Risk 3 Risk 4