

Mobile Food Pod Plan Review Application

Construction Type: ☐ New Food Pod ☐ Remodel

Date: _____

Pod Name: _____ Pod Facility#: _____

Pod Location: _____ Number of Mobile Units at Pod: _____
number and street city state zip

Property Type: ☐ Managed by property owner ☐ Managed by management group

Contact Information:

property owner name email phone number

property management owner name email phone number

Billing Address: _____
number and street city state zip

Please complete the following section to help Multnomah County better serve the Food Business Community

Preferred Language (mark as many boxes as appropriate):

☐ English ☐ Spanish ☐ Thai ☐ Lao ☐ Vietnamese ☐ Chinese (Cantonese) ☐ Arabic ☐ Korean
☐ Somali ☐ Russian ☐ Other: _____

Operating Days and Hours: ☐ All Days — OR — **Circle** days and write the hours of operation

Days	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Hours	to	to	to	to	to	to	to

Months of Operation: ☐ All year — OR — **Check** all that apply

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

All licenses issued under this act shall terminate and be renewable on December 31st of each year. It is agreed that I will comply with the provisions of chapter 62, Oregon Revised Statutes, and the administrative rules of the Oregon Health Authority pertaining thereto. License fees are not refundable. All information contained in this record is public. *Please refer to the fee schedule or call our office for information regarding license fee.

Applicant's Signature: _____ Date: _____

Print Name: _____

Make Checks Payable to: Multnomah County Environmental Health
847 NE 19th Avenue Ste 350
Portland, OR 97232

Fee Received: \$	Date:	By:	
Check #:	Cash/CC:	Receipt #:	Warehouse Facility #: