



Environmental Health Services

Mobile Unit Commissary Use Verification Form

Complete this form if using a licensed kitchen to support a Mobile Food Unit operation. Required for Class 1 mobiles if you are preparing, prepackaging, or ware washing yourself; or, on a Class 2 or 3 mobile if there is no 3-compartment sink on the mobile unit and you are preparing, prepackaging, or ware washing yourself at the commissary.

Check the following statement that applies to	your operation:						
☐ Yes ☐ No The licensed restaurant/kitchen is Verification form required. No fee.	owned by the same owner as the mobile owner.						
(e.g, dish washing and/or food pre	of the following food service activities at the commissary preparation activities such as thawing, cooking, cooling, ense, Verification Form, and fee required.						
	daily at the licensed kitchen just to pick up clean utensils ed utensils at the end of the day. Commissary Verification						
Mobile Unit Class of mobile: 1 1 2 3 4 Mobile Name:	Licensed Food Service Facility ☐ County Facility or ☐ ODA Facility Restaurant Name:						
Location:							
Operator Name:							
Email:Phone:							
Phone:Facility #:							
that the agreement for commissary usage is terminate all operations must immediately discontinue until the an approved commissary and provides another valid C	arties is valid only for the current calendar year. In the event ed, the mobile food unit license is immediately suspended and owner/operator of the mobile food unit secures the services of Commissary Service Verification form to the Multnomah County mes invalid if the commissary or food service establishment does						
of the Oregon Department of Human Services pert named herein, that the information provided is tru	24, Oregon Revised Statutes, and the Administrative Rules taining thereto. I certify, as the legal owner of the business are and correct to the best of my knowledge. It is a Class B a statement in connection with an application (ORS 162.085).						
Commissary Owner's Printed Name:							
Commissary Owner's Signature:	Date:						
Off	fice Use Only						
Commissary Service Approved/Denied by:	Date:						
Commissary Owner's Signature:	Facility#:						
847 NE 19th Ave Suite 350 • Portland, OR 97232 • n	nchealthinspect.org • Phone: 503.988.3400 • Fax: 503.988.5844						





Environmental Health Services

Mobile Unit Commissary (Commercial Kitchen) License Application

Commissary Fee Must Accompany This Application

Please fill out the application and verification forms if using a commissary kitchen. You must use a commissary kitchen that is licensed with either the Oregon Department of Agriculture (ODA) or a County Health Department.

Class of	mobile t	his Commi	issary will	be servi	cing								
☐ Class 1 ☐ Class 2 ☐ Class 3 ☐ Class 4 Start date of operation (M/YR):													
Operator Information													
Mobile	Unit Nam	ie:											
Address of Mobile:							Zip:						
POD Name: Operator						e:			Ph	one:			
Home Mailing Address:													
Email:						Soc	ial Me	dia:					
Comm	Commissary Information												
		missary Na											
Contact Name: Phone#: Phone#:													
		•	• •	-									
Operati	Operating Days and Hours: Operating All Days OR Circle all days and write the hours of operation												
Days	Sun		Mon	Tue		W	Wed		Thur	Fri		Sat	
Hours	to		to	to		1	to		to	to		to	
Months	of Opera	tion: Chec	k all that a	pply 0	R 🗆 /	All Year						_	
☐ Jan	☐ Feb	☐ Mar	☐ Apr	□ May □ Jun		נם ו	Jul 🛭 Aug		☐ Sept	☐ Oct	□ Nov	☐ Dec	
									ct				
1									st of each ye strative rules	_			
									ning in this r				
		all our office											
Applica	nt's Signat	ure:						Date	:				
Print Na	me:												
Make Cl	neck Payal	ole to: Mul	tnomah C	ounty En	vironm	ental H	lealth	Servic	es				
Office	Jse Only:												
Fee Rec			Date:				By:						
Check #			Cash/CC					Receipt #:			Facility #:		