Environmental Health Services

Multnomah County Health Department

Public Health
Prevent. Promote. Protect.

License Application: Commissary, Warehouse, Vending Machine, Mobile Food And Beverage Units

Name of business: _____ Facility #: _____

Operating location(s) or route: _____
Number and Street City Zip Bus. Phone # Cell Phone #

Business is owned by: _____
Individual Corporation Email

Billing address: _____
Number and Street City Zip Bus. Phone # Cell Phone #

Name of operator: _____

Start date of operation (month/year): _____

Has the company name or management changed in the past year? ❒ Yes ❒ No

License Plate #: _____ State: _____ Vin #: _____

Note: OAR 333-168-0000 requires licensed food vending business to operate from a licensed commissary, warehouse or other licensed food service facility.

	# of Units	License Fee
Commissaries		
Warehouses		
Mobile Units		

Vending Machines	# of Units	License Fee
* Food Merchandisers (sandwiches, etc.)		
* Soft Drink Machines		
* Hot Drink Machines (coffee, cocoa, etc.)		
* Milk Machines (type vending milk only)		
* Ice Cream Machines		

*** All other vending machines except the above noted types are exempt from licensing.**

Location of each commissary: _____
Number Street City Zip Code

Location of each warehouse: _____
Number Street City Zip Code

Location mobile unit stored overnight: _____
Number Street City Zip Code

Make check or money order payable to: Multnomah County Environmental Health Services

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 624, Oregon Revised Statutes, and the administrative rules of the Oregon Department of Human Services pertaining thereto. License fees are not refundable. All information contained in this record is public. * Please refer to fee schedule or call our office for information regarding license fee.

_____
Signature of applicant (owner): Number and Street City State Zip

_____
Printed name Date

Office Use ONLY:

Date application received: _____ Fee received: $_____ Date fee received: _____

Check #: _____ Cash/CC: _____ Fee received by: _____

Remarks: _____

_____