

Change of Ownership Process – For Mobile Food Operators

If buying or leasing a food cart that has operated within the past 12 months, you will need to apply for a *Change of Ownership* to get your own license. If the mobile has not operated in the past 12 months you may have to go through Plan Review. **Multnomah County will issue a license after a properly completed *Change of Ownership Application Packet* has been submitted, reviewed, approved, and the license fee paid.**

Step 1: *Change of Ownership Application Packet* will be provided to new operator.

Step 2: Operator turns in completed ***Change of Ownership Application Packet*** and license fee.

Step 3: Approval process: The Mobile Plans Examiner reviews *Change of Ownership Operating Plans*, approves plans, and the approval letter will be sent to the operator. Okay to operate, and license will be mailed.

- Denial Process: If incomplete or inadequate information is turned in, the Change of Ownership will be denied.
- Operator will be sent a “request for more information” letter. If the operator can fix the issues within the 30 day period then closure will not apply. After the 30 days, the operator may be asked to close until the fixes have been made.
- Operator provides Plans Examiner the requested information. If Plans are approved the Plans Examiner will inform the operator, and a site inspection may be scheduled.
- Site inspection (if needed): The Plans Examiner will confirm whether items listed on the “request for additional information” letter were completed. If approved, the operator can operate and will be issued a license. If the requested items were not fixed, the mobile may be closed until items on the letter are completed.

The Change of Ownership Application Packet Includes:

• Mobile License Application and fee	page 3	<ul style="list-style-type: none"> • Warehouse License Application (if using a warehouse) • Floor Plan (birds eye) drawing of the mobile including: <ul style="list-style-type: none"> ◦ Location of all equipment ◦ Location of all sinks ◦ 3-compartment sink basin dimensions (L x W x D) ◦ Fresh water tank dimensions (L x W x D) ◦ Waste water tank dimensions (L x W x D) ◦ Tank locations ◦ Hot water heater ◦ Mechanical pump ◦ Materials list for the walls, ceiling, floor, and counters.
• Menu	page 4	
• Change of Ownership Worksheet	page 4	
• Wastewater Form	page 5	
• Restroom Agreement Form	page 6	
• Commissary License Application (if applicable)		
• Commissary Verification Form (if applicable)		

Good to Know:

1. The sooner you turn in your Change of Ownership Packet, the sooner the county Plans Examiner will review the plans and identify whether or not you need to turn in additional information.
2. You can still operate your mobile for 30 days after Change of Ownership Packet submission, however you will be doing so without a license. If you have not received license approval after the 30 day period, you may have to stop operating until your mobile gets approval from the Plans Examiner. You may need to make modifications to the food cart if the previous owner made major structural changes since the unit's last plan review (for example, if the sinks or tanks were replaced), or if the cart does not meet code.
3. **Common problems found during the change of ownership review:**
 - a. **The fresh and/or waste water tanks are not the right size for the 3-compartment sink system.**
 - The size of your 3-compartment sink tells us how large your fresh water tank needs to be. If your freshwater tank is too small for your sinks then you will be required to get a fresh water tank that is suitable for your mobile.
 - The waste water tank must be at least 15% larger than your fresh water tank. If your waste water is too small for your freshwater tank then you will be required to get a waste water tank that is suitable for your mobile.
 - b. **The fresh and/or waste water tank(s) have been removed from the mobile.**
 - If the fresh and/or waste water tank(s) have been removed, you will be required to install these tanks to your mobile. These tanks must be an integral part of your mobile.
 - c. **The 3-compartment sink is not indirectly drained.**
 - The 3-compartment sink will need to have an indirect drain unless you have a dedicated 5th sink for food preparation.
 - d. **There is no mechanical pump.**
 - If you do not have a mechanical pump to move your fresh water from the tank into your sinks you will be required to get a mechanical pump. Gravity fed fresh water tanks are no longer allowed.
 - e. **There is no hot water heater.**
 - If you do not have a hot water heater, you will be required to have one. The mobile must have running hot and cold water.

Environmental Health Services



Mobile Unit Change of Ownership License Application Form

Class of Mobile Unit: Class 1 Class 2 Class 3 Class 4

New Mobile Name: _____ Facility # (for office use): _____

Old Mobile Name: _____ Date of Ownership Change: _____

Operating Location of Mobile: _____ Zip: _____

Operator Name(s): _____ Phone #: _____

Home Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Social Media: _____

Has the unit previously been licensed in Oregon? Yes No

If the unit was NOT licensed in Multnomah County, plan review documentation from that county or state must be submitted.

Please complete the following section to help Multnomah County better serve the food business community:

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

What is your race or origin? (mark as many boxes as appropriate): Latino/Hispanic
 Black/African American Asian Native Hawaiian or Pacific Islander Middle Eastern Slavic
 Native American or Alaska Native White Decline to Answer Other: _____

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: _____

Application Requirements:	Floor Plan Requirements
<input type="checkbox"/> Mobile Operating License Application <input type="checkbox"/> Mobile License Fee <input type="checkbox"/> Menu: Provide a menu <input type="checkbox"/> Change of Ownership Worksheet <input type="checkbox"/> Floor Plan: Bird's eye view (aerial view) drawing of <i>interior</i> of the mobile unit (see floor plan requirements) <input type="checkbox"/> Wastewater (grey water) Form <input type="checkbox"/> Restroom Agreement Form If using a commissary or warehouse (may be required for Class 1-4): <input type="checkbox"/> Commissary License Application <input type="checkbox"/> Commissary Verification Form <input type="checkbox"/> Warehouse License Application	<input type="checkbox"/> Floor Plan: Provide a floor plan of the mobile unit including: <input type="checkbox"/> 3-compartment sink (if applicable): <input type="checkbox"/> Dimensions (L x W x D*) of <i>interior</i> of sink basin (in inches) <input type="checkbox"/> Drain boards and/or location of drying racks <input type="checkbox"/> Indirect drain** and p-trap for 3-compartment sink <input type="checkbox"/> Fresh water tank dimensions (L x W x D*) <input type="checkbox"/> Waste water tank dimensions (L x W x D*) <input type="checkbox"/> Fresh water and Wastewater (grey) tank locations <input type="checkbox"/> Water pump <input type="checkbox"/> Hot water heater <input type="checkbox"/> Hand wash sink with splash guards <input type="checkbox"/> Description of materials used on floor, walls, counters and ceilings <input type="checkbox"/> Equipment list: Cooking, refrigeration, freezers, ventilation hood, etc. <input type="checkbox"/> Food preparation sink (not required), indirectly plumbed <input type="checkbox"/> * L x W x D: Length x Width x Depth (in inches) ** For examples of indirect drain, see attached

Mobile Food Unit: Change of Ownership

Failure to provide ALL information requested may result in a denial.

Table 5: Plumbing Fixtures: Check each item that is in your mobile unit and provide required information

<input type="checkbox"/> 3-compartment sink ¹ <input type="checkbox"/> Indirect plumbing on 3-compartment sink ¹ <input type="checkbox"/> P-trap ¹ <input type="checkbox"/> Hand sink ^{1,2} <input type="checkbox"/> Running hot and cold water ^{1,2}	<input type="checkbox"/> Mechanical pump ^{1,2} PSI _____ <input type="checkbox"/> Hot water heater ^{1,2} How many gallons? _____ <input type="checkbox"/> Food preparation sink, indirectly plumbed (not required) <input type="checkbox"/> Backflow prevention device ^{1,2}
--	--

¹Required in Class 4 mobiles. If the Class 3 mobile does not have a 3-compartment sink, you'll need a commissary.

²Required in Class 2, 3 mobiles. May require a commissary license.

Table 6: 3-Compartment Sinks: Provide interior of sink basin dimensions in inches – length x width x depth¹

Dimensions of Interior of Sink Basin			How many drain boards
Length	Width	Depth	

Where will washing of equipment, utensils, etc. take place (Check all that apply):

- Mobile unit 3-compartment sink.¹
- Commissary^{2,4}: *You are washing dishes inside a licensed commissary or restaurant kitchen.*
- Commissary^{3,4}: *Dropping off dirty dishes to be washed by restaurant staff, picked up clean.*

¹Provide LxWxD for the interior basin of the sink. Provide measurements of each sink if they are different sizes. If all sinks are the same size, then provide sink basin measurements for one sink, i.e. 10 x 10 x 14.

²Fill out commissary application, verification form, and fee (license fee required if you don't own the restaurant).

³Fill out commissary verification form.

⁴Must be a licensed County or Oregon Department of Agriculture kitchen.

Table 7: Fresh Water Tank

Dimensions of the Fresh Water Tank (in inches)			Capacity in gallons
Length	Width	Depth	

Tank Location:

Table 8: Waste Water Tank

Dimensions of the Waste Water Tank (in inches)			Capacity in gallons
Length	Width	Depth	

Tank Location:

• **How will the waste water be removed from your waste water tank^{1,2}?** _____

¹ Onsite: Site must have a grease interceptor. Contact the [City of Portland](#) to find approved waste disposal sites.

² Licensed Hauler: The waste water hauler must have a DEQ license. Contact [DEQ](#) to find a licensed hauler.

Environmental Health Services



Mobile Unit: Wastewater Disposal Form

Mobile Food Units must dispose their wastewater according to municipal rules within the city they operate. Please contact the city to ensure you are in compliance. Failure to dispose of wastewater correctly is grounds for closure.

Mobile Food Unit Name: _____ Facility #: _____

Mobile Location: _____ Phone #: _____
Street address City

Name of Mobile Food Unit Owner (Print): _____

Mobile Food Unit Owner (Signature): _____ Date: _____

Operating Days and Hours: Operating <input type="checkbox"/> All Days -- OR -- Circle all days and write the hours of operation											
Days	Sun	Mon	Tue	Wed	Thur	Fri	Sat				
Hours	to										
Months of Operation: Check all that apply -- OR -- <input type="checkbox"/> All Year											
<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec

There are TWO main ways to properly dispose of waste water. Check which method you will be using:

1. **Onsite Disposal:** The disposal area must have a grease interceptor.

Business or POD Name: _____ Phone #: _____

Address: _____ City: _____

--- OR ---

2. **Waste Water Hauler:** If you use a wastewater hauler they must be licensed by the Oregon Department of Environmental Quality (DEQ). Please keep the receipts the hauler gives you to show your inspector. To find out if your wastewater hauler is licensed, please contact the Oregon Department of Environmental Quality.

Name of Licensed Waste Water Hauler: _____

Phone #: _____ **DEQ # (required):** _____

Signature of person representing hauling company Date

Mobile Unit: Restroom Agreement Form

Mobile Food Unit Name: _____ Facility #: _____

Name of Mobile Food Unit Operator (Print): _____

Phone: _____ Email: _____

Operating in one location for more than 2 hours Roving

If operating in one location for more than 2 hours, please complete the following:

Mobile food units that are located at the same location for more than 2 hours or that provide any seating must have restroom facilities available. Please answer the questions below:

Location: (for more than 2 hours): _____
Street address City

Is customer seating provided at the mobile food unit? Yes No

If your answer is yes, a restroom facility must be available for your mobile food unit and you are required to provide the additional information requested below.

The restroom must be within a 5 minute walk from the mobile, and have a hand sink with running hot and cold water.

(Complete a separate form if you will be at more than one location for more than 2 hours.)

Location of Restroom Facilities

Name of restaurant or POD: _____ Phone #: _____

Address: _____ City: _____

Hours that the restroom is available for use: _____

Authorization to Use Restroom Facilities

Printed Name of Person Authorizing Mobile Food Unit Restroom Facilities Use

Signature of Person Authorizing Mobile Food Unit Restroom Facilities Use Date

Examples of an Indirectly Plumbed 3-Compartment Sink

When installing an indirect drain, please position it above the p-trap. The indirect drain can be placed anywhere in the sink system, but the sanitize basin of the 3-compartment sink must be indirectly drained.

The air gap between the indirect waste pipe and the flood level rim of the waste receptor shall be a minimum of twice the effective opening of the indirect waste pipe. (2X the diameter of the waste pipe).

