

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 this Commissary will be servicing
 Class 1 Class 2 Class 3 Class 4 **Start date of operation (M/YR):** _____

Operator Information

Mobile Unit Name: _____

Address of Mobile: _____ **Zip:** _____

POD Name: _____ **Operator Name:** _____ **Phone:** _____

Home Mailing Address: _____

Email: _____ **Social Media:** _____

Commissary Information

Restaurant/Commissary Name: _____

Contact Name: _____ **Phone#:** _____

Address (Street, City, State, County, Zip): _____

Operating Days and Hours: Operating All Days -- **OR** -- Circle all 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: Check all that apply -- **OR** -- All Year

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

List all operations that will occur at the commissary: _____

How will foods be transferred from commissary to mobile: _____

List all operations that will occur in the mobile: _____

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 containing in this record is public. *Please refer to fee schedule or call our office for information regarding license fee.

Applicant's Signature: _____ **Date:** _____

Print Name: _____

Make Check Payable to: **Multnomah County Environmental Health Services**

Office Use Only:

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