

# Environmental Health Services



## Mobile Food Unit Operating License Application – Include Operating Fee

<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4				Start date of operation (M/YR): _____							
Please complete the following section to help Multnomah County better serve the Food Business Community											
<b>Preferred language (mark as many boxes as appropriate):</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Thai <input type="checkbox"/> Lao <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese (Cantonese) <input type="checkbox"/> Arabic <input type="checkbox"/> Korean <input type="checkbox"/> Somali <input type="checkbox"/> Russian <input type="checkbox"/> Other: _____											
<b>What is your race or origin? (mark as many boxes as appropriate):</b> <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Slavic <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Decline to answer <input type="checkbox"/> Other: _____											
License Plate #:		State:		VIN#:							
<b>Mobile Unit Name:</b>				<b>POD Name:</b>							
<b>Address of Mobile:</b>						<b>Zip:</b>					
<b>Operator Name:</b>				<b>Phone:</b>							
<b>Home Mailing Address:</b>											
<b>Email:</b>				<b>Social Media:</b>							
<b>Owner Contact Information</b> (if different from operator) Name: _____ Phone #: _____ Email: _____ Address: (Street, City State, Zip): _____ If you have filled out operating information on plan review application, you do not need to fill this section out.											
<b>Operating Days and Hours:</b> Operating <input type="checkbox"/> All Days -- <b>OR</b> -- Circle all days and write the hours of operation											
<b>Days</b>	<b>Sun</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thur</b>	<b>Fri</b>	<b>Sat</b>				
<b>Hours</b>	to	to	to	to	to	to	to				
<b>Months of Operation:</b> Check all that apply -- <b>OR</b> -- <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
<b>Number of Meals Served Each Day</b> (Projected):				<input type="checkbox"/> Breakfast: _____		<input type="checkbox"/> Lunch: _____		<input type="checkbox"/> Dinner: _____			
All licenses issued under this act shall terminate and be renewable on December 31 <sup>st</sup> 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 Checks Payable to: <b>Multnomah County Environmental Health</b>											

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