

# Environmental Health Services



## Warehouse Operating License Application – Attach Warehouse License Fee

**TYPE:**  Previously Licensed     New Warehouse     Remodel

<b>Class of mobile this Warehouse will be servicing</b>	
<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4	<b>Start date of operation (M/YR):</b> _____

### Mobile Information

<b>Mobile Unit Name:</b>	<b>Mobile Facility #:</b>
<b>Address:</b>	<b>POD Name:</b>
<b>Operator Name:</b>	<b>Phone:</b>
<b>Mailing Address:</b>	
<b>Email:</b>	<b>Social Media:</b>

**Location:** Same as mobile     Yes     No    **If no:**

Warehouse Location: \_\_\_\_\_

Number                                  Street                                  City                                  State                                  Zip Code

**Months of Operation:** Check all that apply -- **OR** --  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
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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: **Multnomah County Environmental Health**

**Office Use Only:**

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

# Environmental Health Services



## Warehouse Worksheet

New    Remodel    Previously Licensed   Facility #: \_\_\_\_\_

**Name of Mobile** the warehouse supports: \_\_\_\_\_

**Location:** Same as mobile    Yes    No   **If no, Warehouse Location:** \_\_\_\_\_

**Operator Name:** \_\_\_\_\_   **POD Name** (N/A is not applicable): \_\_\_\_\_

1. I am aware that food processing, dish washing, and ice making aren't allowed in the warehouse:    Yes    No
2. Approximate time using warehouse: Time: \_\_\_\_\_ AM/PM – or – same hours as mobile:    Yes    No
3. What is the warehouse made of (list materials)  
Floor: \_\_\_\_\_  
Walls: \_\_\_\_\_  
Ceiling: \_\_\_\_\_  
Windows: \_\_\_\_\_  
Doors: \_\_\_\_\_  
Shelving: \_\_\_\_\_
4. How will you be securing the warehouse: \_\_\_\_\_
5. What will be stored in the warehouse (list all food and equipment): \_\_\_\_\_  
\_\_\_\_\_
6. Number of refrigerators: \_\_\_\_\_ freezers: \_\_\_\_\_
7. What foods will be stored in refrigerator and/or freezer units (N/A if not applicable)  
Refrigeration: \_\_\_\_\_  
Freezer: \_\_\_\_\_
8. List all dry foods to be stored in warehouse (if applicable): \_\_\_\_\_
9. If chemicals are stored in the warehouse, how will you separate them from foods to avoid cross-contamination?  
\_\_\_\_\_
10. How will you protect the warehouse from pests (rodents, flies, etc.): \_\_\_\_\_  
\_\_\_\_\_
11. How often will the warehouse be cleaned: \_\_\_\_\_

**Statement:** I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from the Multnomah County Health Regulatory Office may nullify final approval.

**Signature of Owner:** \_\_\_\_\_   **Date:** \_\_\_\_\_

**Printed Name of Owner:** \_\_\_\_\_

Approval of these plans and specifications by the Regulatory Authority does not indicate compliance with any other code, law, or regulation that may be required—federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment).

Violations of OAR 333- may result in denial, suspension or revocation of your license. Closure of the facility may result from uncorrected violations. You may obtain a hearing for any denial, suspension, revocation or closure of contacting the licensing agency ORS 183.

**Signature of Regulatory Official:** \_\_\_\_\_   **Date:** \_\_\_\_\_